8/18/23, 8:42 AM

Division of Corporations

Florida Department of State

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(((H230002870313)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

: (323)962-8600

Fax Number

: (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| e 1 1 | • 4 4 | | | |
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| ⊢maii | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LS CONCRETE SERVICE, LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 05 |
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. Page: 3 of 6

COVER LETTER

| 10: | Registration S Division of Co | | | · |
|-----------|----------------------------------|--|---|---|
| SUBJEC | LS CONC | RETE SERVICE, LLC | | |
| 30000 | - * · <u></u> | RETE SERVICE, LLC Name of Lin | nited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | tum ali correspo | ondence concerning this matter | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Fimi/Company | · · · · · · · · · · · · · · · · · · · |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | - |
| | | Glendale, CA 91203 | | |
| | | leaford@lscurb.com | City/State and Zip Code | *************************************** |
| | | - | to be used for future annual report notifi | cation) |
| For furth | er information c | oncerning this matter, please ca | all; | |
| Cheyenn | ie Moseley | | 800 773-0888 | |
| | Name 0 | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$25.¢ | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ING ADDRESS: | STREET/COURIE Registration Section | |

Registration Section
Division of Corporations
P.O. Box 6327

Talishassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LS CONCRETE SERVICE, LLC | | |
|--|---|--|
| (Name of the Lin | nited Liability Company as it now appears of (A Fiorida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited lorida document number L23000346557 | Liability Company were filed on 07/21. | 2023 and assigned |
| | · | |
| This amendment is submitted to amend the fo | llowing; | |
| A. If amending name, enter the new name | of the limited liability company here: | |
| | | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the desig | nation "LLC" or the abbreviation "L.L.C" |
| Enter new principal offices address, if appl | icable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | <u> </u> | |
| | *** | The state of the s |
| | | |
| If amending the registered agent and registered agent and/or the new registered. | | |
| | | 023 |
| Name of New Registered Agent: | Lavonne Shakes | 2023 AUG |
| New Registered Office Address: | 4206 James L Redman Pkwy. | - - 8 |
| | Enter Florida | strect address |
| | Plant City | , Florida 23567 20 c |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent us provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lavonne Shakes

If Changing Registered Agent, Signature of New Registered Agent

Τo

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

15125973041

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---|----------------|
| MGR | Leaford Shakes | | □ Add |
| | | 4206 JAMES L REDMAN PKWY., PLANT CITY, FL 33567 | Remove |
| | | | Change |
| MGR | Lavonne Shakes | 4206 James L. Redman Pkwy., Plant City. FL 33567 | = Add |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
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| D. If amending any other | er information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If the date inserte | the date of filing: |
| if the record specifies (b) The 90th day afte | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: r the record is filed. |
| Dated Augus | 1,11 2023 |
| | Signature of a member or authorized representative of a member |
| Lavonne Sha | Kes Typed or printed name of signer |

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