214175

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Limerock Industri	es, Inc.		
DOCUMENT NUME	214175			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:	·	
	Juanita M White			
,		Name of Contact Persor	1	
	Limerock Industries, Inc			
•		Firm/ Company		
	PO Drawer 790			
,		Address		
	Chiefland, FL 32626			
		City/ State and Zip Code	e	
mkm(@cpa.com			
	- •	sed for future annual report	notification)	
	n concerning this matter, pleas			
Max K McGee		at (_) 514 4754	
Name o	of Contact Person	Area Code & Daytime Telephone N		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Limerock Industries, Inc.			
(Name of Corpora	ntion as currently filed with t	he Florida Dept. of State)	
214175			
(Doct	ument Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profi</i>	it Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp," "Inc," or "Co". A prof	y," or "incorporated" or fessional corporation name	the abbreviation
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u></u>		STATE OF THE STATE
D. If amending the registered agent and/or registence new registered agent and/or the new registered		a, enter the name of the	3. S
Name of New Registered Agent			<u></u>
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	, riorida	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accep	ot the obligations of the pos	ition.
Sig	mature of New Registered Age	ent if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Nancy White Bennett	2035 SW 77th Terrace
x Add			Gainesville, FL 32607
Remove			
2) Change			
Add			
Remove			<u></u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

	idding additional Ar I sheets, if necessary).	(Be specific)				
						
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royisions for in	t provides for an exc mplementing the amo cable, indicate N/A)	hange, reclassific endment if not co	ation, or cancella ntained in the am	tion of issued sha endment itself:	ares,	
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The date of each amendment(s) as	9/15/15 doption:	, if other than the
date this document was signed.		, ir onici mair un
9/15	5/15	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
9/15/15 Dated		
Signature Qu	anita in Shita.	
By a di selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Juanita M White	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	