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COVER LETTER

TO: Registration Se Division of Con		•	·		
SUBJECT: B&LC	ONCRETE, LLC				
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	BARBARA READ				
		(Name of Person)			
	READ BOOKKEEPING	& TAX SERVICE, INC.			
		(Firm/Company)			
	1224 COUNTY RD 1				
		(Address)			
	DUNEDIN, FLORIDA 34698				
		(City/State and Zip Code)			
For further information of	concerning this matter, please o	all:			
BARBARA READ		at (727) 736-1242			
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	2\$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)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 OCT 22 AM 10: 19

SECRETARY OF STATE TALLAHASSEE FLORIDA

B&L CONCRETE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on JUNE 29, 2000	and assigned
Florida document number L00000007934		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	inited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:		,
New Registered Office Address:		,
	(Enter Florido stre	et address)
	, Florid	
	(City)	(Zip Code)
NT 70 T 1 N 1 N 10 M 10 M 10 M 10 M 10 M 10 M 1		

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 as provided for in Chapter 608, 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.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	RUDOLFO CALICA	5 PINTO PALM ST W LARGO, FLORIDA 33770	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessor	ary.)
 			08 OCT 22 AM SECRETARY OF TALLAHASSEE F
Dated		·	AMID: 19 OF SHATE OF LURRIDA
	Signature of a memb	per or authorized representative of a member	····
	OLIVA (BUD) DES R	OCHERS	
	Typ	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00