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**EXAMINER** 

## **COVER LETTER**

O: Registration Section Division of Corporations
SUBJECT: HArman's Concrete LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TETTANCE Harman (Name of Person)
Harman's Concrete LLC (Firm/Company)
97454 PIRATES C+ Rd (Address)  Yulee 71 32097 78
(City/State and Zin Code)
For further information concerning this matter, please call:
Sharon Harman at 904, 277-6679 (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

- HARMANS	Concrete LLC
( <u>Name of the Limited Liabil</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 11-75-2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
	Notice to the second of the se
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the designation "LLC" or the abbreviation
	THE CONTROL OF THE CO
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS) 全部
	S. 27 F
	mo p
Enter new mailing address, if applicable:	FIS A
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
B. If amending the registered agent and/or reg	sistered office address on our records, enter the name of the new
Name of New Registered Agent:	ept to the second of the secon
New Registered Office Address:	t <del>a tu</del>
New Registered Office Address.	(Enter Florida street address)
	. Florida
	(City) (Zip Code)
NT TO 1 A 1 A 4 O 4 A 1 B 1 B 1 A 1 B 1 A 1 B 1 A 1 B 1 A 1 B 1 A 1 B 1 B	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u> Titlę</u>	Name	Addřess	Type of Action
<u>MG-R</u> M	TETTARE D. Harman JR.	97033 LAFOHES WA Julee FL 32097	Add Rěmově
			Add Remove
	1 AMN STORT		Add Remove
			Add Remove
			Add Add
			JUN 27
D. If amend			Add Remark
D. If amend		ge(s) here: (Attach additional sheets, if necessar	STAD STA
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	STAD STA

Page 2 of 2

Filing Fee: \$25.00