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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 8 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A1 Professional Asphalt 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:

Tom Quirin  
Name of Person

A1 Professional Asphalt  
Firm/Company

PO Box 368295  
Address

Bonita Springs, FL 34136  
City/State and Zip Code

ALPROASphalt@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Quirin at (239) 682-8687  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

A7 Professional Asphalt LLC

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

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

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                   |
|--------------|-------------|----------------|-----------------------------------------|
|              |             |                | <input checked="" type="checkbox"/> Add |
|              |             |                | <input type="checkbox"/> Remove         |
|              |             |                | <input type="checkbox"/> Change         |
|              |             |                | <input type="checkbox"/> Add            |
|              |             |                | <input type="checkbox"/> Remove         |
|              |             |                | <input type="checkbox"/> Change         |
|              |             |                | <input type="checkbox"/> Add            |
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|              |             |                | <input type="checkbox"/> Change         |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Adding as an officer of the  
company. Patricia Cohen  
with 10% holding of the company

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of  
(b) The 90th day after the record is filed.

Dated

December 2, 2016

Signature of a member or authorized representative of a member

Tom

Quirin

Typed or printed name of signee

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