L06000 034 439

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
:

Office Use Only



800336712908

11/18/19--01018--024 **25.00

2019 DEC 27 PH 2: 17

Y SULKER JAL 7 Las



RECEIVED

2019 DEC 27 PH 12: 04

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2019

SUNCOAST CONCRETE, L.L.C. 5208 36TH AVE S TAMPA, FL 33619

SUBJECT: SUNCOAST CONCRETE, L.L.C.

Ref. Number: L05000034439

We have received your document for SUNCOAST CONCRETE, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to file amendment form to change the title.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 019A00025686

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Sune	oast Concret Name of Limi	e // C ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Roxann Ra		
	Surcoast	Concrete LLC Firm/Company	
	<u>5208 3</u>	6 th Ave S. Address	
	Tampa 1	F_L 33619 City/State and Zip Code	
	rrodney (1)	Oity/State and Zip Code Owith the Sur Joe used for future annual report in	Ottlication)
For further information co	neerning this matter, please co	dl:	
Roxann R	Dan e y Person	at (<u>813</u>), <u>623</u> Area Code Dayt	- 3700 x 2111 inte Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suncoast Concrete L	$\mathcal{L}^{\mathcal{C}}$	•	
(Name of the Limited Liability Comp.	any as it now appears Liability Company)	on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number <u>1 050000 344439</u>	were filed on	1/4/200	5 and assigned
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liab	oility company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company, the des	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			201 S. S.
(Principal office address MUST BE A STREET ADDRESS)			H T
Enton and William 10 and 10 an		1	23 T
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			gri S
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	ords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	·····	1	
New Registered Office Address:			
	Enter Florid	a street address	
	Cny	Florida street address Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of m provided for in Ch	y duties <mark>, and L</mark> apter 605, F.S.	am familiar with <mark>and</mark> Or, if this document is
	applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registered office address here: Enter Florida street address Enter Florida		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	1 vpe of Action
member	Thomas Sturens	5208 36th Are S.	
		Tampa FL 33619	□Remove
			\&Change
member	John M Taylor	5208 36th Ave S.	□Add
		Tampa FL 33619	□Remove
			\argce Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove

						•	-		
	 	 .							
		 ,							
									
							-		
<u>-</u> -				 					
					_				
							<u></u>		
Note: If the	ate, if other the date is listed, the date inserted in effective date of	in this block d	loes not me	et the applic	able statutor	ng or more than y filing requi	(option 90 days after the ements, this	nal) iling.) Pursuant to date will not be	o 605.0207 : Histed as t
record spe d is filed.	cifies a delayed	l effective date	e, but not a	n effective t	ime, at 12:01	a.m. on the c	arlier of: (b)	The 90th day	after the
Saturd / 2	1/27			2019		ntative of a me			
лисс: <u>-/ д-</u>		<i></i>	He 11	n la	nh				

Filing Fee: \$25.00