(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	· • #)		
PICK-UP	☐ WAIT	MAIL		
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S. HAWKES OCT 2 2 2010 **EXAMINER**

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Eagle F	Ready Mix LLC				
John Levis		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	oondence concerning this matter	r to the following:				
		Kevin Eisenbath				
		Name of Person				
	Eagle Ready Mix LLC					
	Firm/Company					
	16576 Gator Rd.					
		Address				
	Fort Myers FL 33912					
	kovir	City/State and Zip Code ne@eaglereadymixfl.com				
	E-mail address: (to be used for future annual report n	otification)			
For further information	concerning this matter, please of	call:				
Ke	vin Eisenbath	at (_636)	262-0161			
Name	of Person	Area Code & Day	rtime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive	porations g			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eagle F	Ready Mix LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appenited Liability Company)	ars on our records.			
The Articles of Organization for this Limited Liability Cor	mpany were filed on	07/19/2006	and assigned		
Florida document number L06000071855		· · · · · · · · · · · · · · · · · · ·			
Florida document number	,		警 6		
This amendment is submitted to amend the following:			C721		
A. If amending name, enter the new name of the limite	d liability company he	ere:	- E		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	pany," the designation	"LLC" or the aboreviation		
L.D.C.			The state of the s		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>				
Enter new mailing address, if applicable:	PO Box 219	9			
(Mailing address MAY BE A POST OFFICE BOX)	Estero FL 3	3929			
	 		······································		
B. If amending the registered agent and/or register	ed office address on	our records, enter	the name of the new		
registered agent and/or the new registered office addre	ss here:				
Name of New Registered Agent:					
New Registered Office Address:					
	· E	nter Florida street ad	ldress		
	. Florida				
	City	, 1 101 lua _	Zip Code		

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 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:

MGR = Manager

MGRM = Managing Member

Type of Action **Address** <u>Title</u> <u>Name</u> Douglas Mennemeier MGRM 16576 Gator Rd. ✓ Add Remove Fort Myers FL 33912 ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October Signature of a member or authorized representative of a member KEVIN EISENBAT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00