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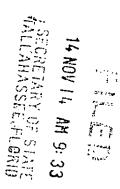
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COVER LETTER

Concrete Cutting & Drilli	ng, LLC	
Name of Limi	ited Liability Company	
Amendment and fee(s) are sub-	mitted for filing.	
ndence concerning this matter	to the following:	
Christopher Lipovsky	y	
	Name of Person	
Alistate Concrete Cu	itting & Drilling, LLC	
	Firm/Company	
3179 White Heron T	rail	
	Address	
Orange Park, FL 32		
	City/State and Zip Code	
· · · ·	_	
	·	cation)
	904 303-6689	
Person	at () Area Code Daytime	Telephone Number
e following amount:		
□ \$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
	Amendment and fee(s) are sub- ndence concerning this matter Christopher Lipovsky Allstate Concrete Cu 3179 White Heron T Orange Park, FL 320 clipovsky@allstatedri E-mail address: (concerning this matter, please concerning this matter.	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Christopher Lipovsky Name of Person Allstate Concrete Cutting & Drilling, LLC Firm/Company 3179 White Heron Trail Address Orange Park, FL 32073 City/State and Zip Code Clipovsky@allstatedrilling.com E-mail address: (to be used for future annual report notificancerning this matter, please call: ky Area Code Daytime \$30.00 Filing Fee & Certificate of Status Amendment and fee(s) are submitted for filing. Name of Person Address City/State and Zip Code City/State

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

Allstate Concrete Cutting 8			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L06000090686	iability Company	were filed on September 14,	2006 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3179 White Heron Trail	
(Principal office address MUST BE A STRE	ET ADDRESS)	Orange Park, FL 32073	
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the n
Name of New Registered Agent:			
New Registered Office Address:	3179 White	Heron Trail Enter Florida street address	AHR NO U
	Orange Par	k , Flori	ida 32073: 5
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Cate
I hereby accept the appointment as register provisions of all statutes relative to the propaction as register the obligations of my position as registers a change in the	per and complete istered agent as _l	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
		-	□ Add
			□ Remove
			Add
			Remove
			Add 14 None ASSS
			Remove
	<u> </u>		□ Add
			Remove

If amending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)
	AL 1
<u> </u>	
Effective date, if other than the date of filin The effective date must be specific, cannot be prior to do the date this document is filed by the Florida Departme	ate of receipt or filed date and cannot be more than 90 days after
Dated November 11	, 2014
Christy Signature of a	member or authorized representative of a member
Christopher Lipovsky	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

