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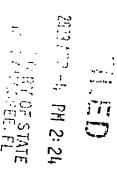
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R. HUNT 04/04/23

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Able Concrete Pumping LUC 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:
Mary F Currell Name of Person
Aldre Concrete Pumpinglic Firm/Company
4454 Shell Landing Rd
18000 FL 32460 FL 32
City/State and Zip Code For further information concerning this matter, please call:
Marie of Person at (850) 581-0747 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Alde Concrete	Pumping LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on $2-1-2$ and assigned
Florida document number <u>L&7&&&&D584</u> This amendment is submitted to amend the following:	Y OF S
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L L C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Mary Farrell 4454 Shell Landins Rd Vernon, FL 32462
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as a bove
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
: 1	ry Farrell
New Registered Office Address: 445	Enter Florida street address Florida 324 (a) City 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 605, 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.

f Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
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			□Remove
			Change
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m effective date i <u>ute:</u> If the date	if other than the is listed, the date mus inserted in this blo ctive date on the De	t be specific and ock does not m	cannot be prio neet the applic	cable statuto	ing or more tha ry filing requ	n 90 days afte	ional) r filing) Pr is date wi	arsuant to II not be	a 605 020 Elisted a
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