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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Du	isiness Emily Nai	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C. LEWIS
DEC 1:22008
EXAMINER

COVER LETTER

SUBJECT: Allied Concrete Services, LLC						
		ited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Robert N. Henley					
	_	(Name of Person)				
	Allied Concrete Services	LLC				
		(Firm/Company)				
	4803 Windrush Lane	(Address)				
		(Address)				
	Jacksonille FL 32217					
		(City/State and Zip Code)				
For further information co	ncerning this matter, please co	all:				
Robert (Bobby) Henley		at (904 ₎ 315-5571				
	(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

TO:

' Registration Section Division of Corporations

Tallahassee, 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

FILED

2008 DEC 11 PM 1: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Allied Concrete Services, LLC

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

The Articles of Organization for this Limited Liability Company	were filed on _	10/08/2008	and assigned
Florida document number 1.08000095171			•
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company	here:	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Con	mpany," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	en:		
Enter new mailing address, if applicable:	4803 Windru	ush Lane	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville	FL 32217 (correcting 2	ZIP only)
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		on our records, enter	the name of the new
	_		
Name of New Registered Agent:	***		
New Registered Office Address:		(E. C. El. : I	· · · · · · · · · · · · · · · · · · ·
	(Enter Florida street address)		
·	(City)	, Florida	(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 Changing Registered Agent, Signature of New Registered Agent)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres.	Robert N. Henley	4803 Windrush Lane Jacksonville FL 32217	Add Remove
MGRM	Edwin Randall	774 GINGER MILL DR Jacksonville FL 32259	Add Remove
			Add Remove
D. If a	mending any other information, enter c	hange(s) here: (Attach additional sheets, if nece	essary.)
		dy an MERM, he is be summer of Allied Con to be removed.	-
Datad	December 12 2	008	1: 33 LORIDA
Dated	Rola	ember of authorized representative of a member	
	Robert N. Henley	Canoca of authorized representative of a meniori	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00