

L09000040315

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000274219 3)))



H100002742193ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FOWLER WHITE BOGGS, P.A. - JACKSONVILLE
Account Number : I20040000146
Phone : (904)598-3100
Fax Number : (904)446-2636

FILED
10 DEC 22 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: phillip.gibbs@fowlerwhite.com

RECEIVED
10 DEC 22 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE WATER AGGREGATES, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

J. BRYAN

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Blue Water Aggregates, 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 April 27, 2009 and assigned
Florida document number L09000040315

FILED
10 DEC 22 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bahamas Materials Company Canaveral, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5367 Ortega Boulevard, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32210

Enter new mailing address, if applicable:

5367 Ortega Boulevard, Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32210

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 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:

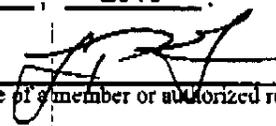
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|--|--|
| MGRM | Edward L. Baker, II | 5367 Ortega Boulevard, Suite 100 Jacksonville, FL 32210 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Cameron Symonette | 5367 Ortega Boulevard, Suite 100 Jacksonville, FL 32210 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Panadero Management, | 4395 McGirts Boulevard Jacksonville, FL 32210 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Resource Investments, | 2690 Cumberland Parkway, Suite 460 Atlanta, GA 30339 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
 10 DEC 22 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated December 22, 2010



 Signature of a member or authorized representative of a member
 J. Phillip Gibbs

 Typed or printed name of signee