## L10000067416

(	Requestor's Name)
(	Address)
	(Address)
- (	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Co		<b>€</b> ⊌	
SUBJECT: BJs	Concrete and Name of Lim	Masonry LLC ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bobby -	Name of Person	······································
		Firm/Company LLC	
	11934 Maple	Street Address	
	Brooker F	City/State and Zin Code	<del></del>
	Squirre   290 E-mail address: (1	City/State and Zip Code  South. net to be used for future annual report notif	ication) .
For further information of	concerning this matter, please ca		
Bobly m	OO/C of Person	at ( <u>352</u> ) <u>234 –</u> Area Code Daytime	CO805  Telephone Number
Enclosed is a check for the	he 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 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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number		o/O and ass	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
BJS Septic and Site work L.L.C. The new name must be distinguishable and contain the words "Limited Liabi	24		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:	11934 maple str	eet	
(Principal office address MUST BE A STREET ADDRESS)	Brooker		· · · · · ·
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11934 maple Stree FL 32622	t Brooken	<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name	of the new
			, <b>3</b> 4
Name of New Registered Agent:			p who
New Registered Office Address:		- P	i i
	Enter Florida street address	1:3 0:24 0:34	Lund
	, Florida	නිල් හ	
	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.

If 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 none AMBR = Authorized Member Address Title Name Type of Action \_D Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change 5 Remove S Change □•Add 🎲 ☐ Remove ☐ Change □ Add

☐ Remove

\_□ Change

None	
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Filing Fee: \$25.00