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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	÷#)
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William Controlly

## **COVER LETTER**

Divis	sion of Corpo	orations				
SUBJECT:	AC Richardso	on Concrete, LLC				
SCHOLET.		Name of Limi	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return a	all correspond	dence concerning this matter	to the following:			
r rouse return t	an correspond	ionee concerning and matter	to the following.			
		Arthur Richardson				
			Name of Person	<del></del>		
		AC Richardson Concrete, I				
			<u></u> _			
		4940 N. US Highway 441				
		<del></del>				
		Ocala, FL 34475				
			City/State and Zip Code			
		none				
		E-mail address: (t	to be used for future annual report notific	ation)		
For further inf	formation con	cerning this matter, please ca	all:			
Arthur Richar	rdson		352 622 7007		_	
	Name of P	Person	Area Code Daytime	Telephone Number		
				72	YVH SIBZ	Constant.
Enclosed is a	check for the	following amount:		(1) (1) (2) (2) (2)		Canada Canada
\$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	atus 餐	

MAILING ADDRESS:

TO:

**Registration Section** 

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

AC Richardson Concrete, LLC			
(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		_
The Articles of Organization for this Limited Liabil	lity Company were filed on 08/24/2010	and	d assigned
Florida document number L10000088849			
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:		
A C Richardson Concrete Mas Co, LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviatio	n "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRFSS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)			
Mutting uttaress MAT BE A POST OFFICE BO	<u> </u>		
D If amounting the projection of a count and/or		 	
b. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address here:	tne na	_1K
The second secon		7.	>> uaua
		88	+
Name of New Registered Agent:		- 624 Maria - 124 Maria - 124 Maria	물 (1
New Registered Office Address:		ල ආ	
	Enter Florida street address	55	<u>က</u>
	. Florida		
<del>-</del>		Zin (	

## 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 on removed from our records:

MGR = Manager AMBR = Authorized Member Title **Type of Action** Name <u>Address</u> □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_ Change \_□ Add □ Remove ☐ Change □ Remove Change Romove C \_\_ Change \_□ Add □ Remove ☐ Change

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in effective date is listed, the date mu	st be specific and c	annot be prior to	date of filing or mor	e than 90 days after fill	ng.) Pursuant to 605.02
ote: If the date inserted in this becument's effective date on the D			e statutory ming	requirements, this di	ate will not be listed
					285
record specifies a delaye	d effective da	te, but not a	an effective tir	ne, at 12:01 a.n	n. on the eatter
The 90th day after the rec	ora is filea.				1
April 29		2015			
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Filing Fee: \$25.00