| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| TO: | Registration Se Division of Cor | | | |
|-----------|------------------------------------|--|---|---|
| Crim FD | | oncrete Company, LLC | | |
| SUBJEC | U1: | Name of Lim | ited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Susan K Flynn, Esq. | | |
| | | | Name of Person | |
| | | Bon Eau Enterprises, LLC | | |
| | | | Firm/Company | |
| | | PO Box 14640 | | |
| | | | Address | • 40 |
| | | Bradenton, FL 34280 | | |
| | | | City/State and Zip Code | |
| | | skf@beellc.net | | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For furth | ner information c | oncerning this matter, please co | ali: | |
| Susan K | Flynn | | 941 350-1294 at (| |
| | Name o | f Person | | me Telephone Number |
| Enclosed | d is a check for th | ne 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

| Colonial Concrete Company, 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 Florida document number <u>L11000009740</u> | ity Company were filed onand assigned |
| 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: |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | : |
| (Principal office address MUST BE A STREET A | DDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | |
| | : |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name of the ne |
| 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 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 > AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|---------------------|----------------|
| MGR | Phil Morris | PO Box 14640 | Add |
| | | Bradenton, FL 34280 | □ Remove |
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| fective date, if other than the dat in effective date is listed, the date must be sometime. If the date inserted in this block ocument's effective date on the Depart | pecific and does not m | cannot be prior eet the applic | able statutor | ng or more than 90 y filing requirer | (optional) days after filing. nents, this date |) Purs will r | uant to 6 not be li | 05.020 sted a |
| record specifies a delayed eff The 90th day after the record | | ate, but no | t an effec | tive time, at | 12:01 a.m. | on ti | he ear | lier (|
| February 2 | , | 2016 | <u>.</u> . | | | | | |
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Filing Fee: \$25.00