

L11000024983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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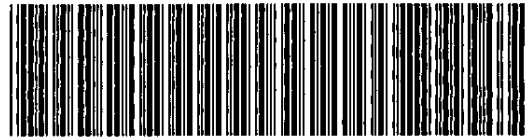
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

OCT 18 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TEAM CONCRETE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RORIE WILSON  
Name of Person

TEAM CONCRETE LLC  
Firm/Company

6583 PLANTATION PINES BLVD  
Address

FORT MYERS, FL 33966  
City/State and Zip Code

RORIEWILSON@EMBARQMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RORIE WILSON at (239) 3408442  
Name of Person Area Code & Daytime Telephone Number

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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  
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 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 02/28/2011 and assigned Florida document number L11000024983.

This amendment is submitted to amend the following:

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

SUPERIOR CONCRETE CONTRACTORS 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:

(Principal office address MUST BE A STREET ADDRESS)

8359 BEACON BLVD, STE 102  
FORT MYERS, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

RORIE WILSON

New Registered Office Address:

8359 BEACON BLVD, STE 102

Enter Florida street address

FORT MYERS

Florida

33907

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.

Rorie Wilson

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	BRADLEY HARGER	4800 AUDUBON OAKS DRIVE MARRERO, LA 70072	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RICHARD JOHNSTON	1349 WALES DR. FORT MYERS, FL 33901	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	IAN HARROWER	13245 HAMPTON PARK CT FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FRED McKENNA	5718 LAGO VILLAGGIO WAY NAPLES, FL 34104	<input checked="" type="checkbox"/> Add <input 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.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated OCTOBER 13, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

RORIE WILSON  
\_\_\_\_\_  
Typed or printed name of signee