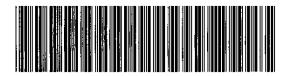
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 5 2011

## **COVER LETTER**

TO: Registration Sec Division of Corp				•	
SUBJECT:	Rame of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	·	
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspon	ndence concerning this matte	er to the following:			
	Donald	Name of Person	·		,
	<u>Geiffin</u>	CONCRETE UC Firm/Company		2	
•	532 Sch	DEIDE DR. Apt.	SECRETAL LLAHAS!	OLI OCT -	<u> </u>
	Fort Walt	City/State and Zip Code	547 F.S.	À	m
	Sternale Free	= 2010@ om Ail com (to be used for future annual report notifica	ORIGINAL PARENTAL PAR	8: 56	
For further information co	ncerning this matter, please	call:			
Donald Name of	Person Person	at ( <u>\$\$\$</u> ) <u>461 - 89</u> Area Code & Daytime T	Scalephone Number		
Enclosed is a check for the	e following amount:	•	pro C		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed).	\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	atus &	ed)
					_

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

Geithin Conce					
( <u>Name of the Limited Li</u> ; (A Flo	ability Company as it now a prida Limited Liability Comp	ppears on our records.) any)	1		
The Articles of Organization for this Limited Liabi	lity Company were filed or	1 August 31,20		d assigne	:d
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability compan	<u>y here</u> :			
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability (	Company," the designation	n "LLC" or	the abbre	viation
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	(DDRESS)		Z <sub>S</sub>	22	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u> <u></u>		FOF S	0CT -4 AM	<del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del>
B. If amending the registered agent and/or		on our records, ente	RIE DA	œ o ne of th	e new
registered agent and/or the new registered office	e address here:		•		
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street	addrans		
•			uuui ess		
	- City	, Florida	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 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 Title Address Type of Action Name IFRRANCE. Remove Add Remove □Add Remove . ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00