

L11000103104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

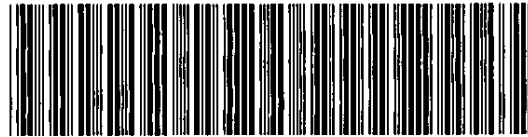
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700234733777

05/07/12--01044--030 \*\*25.00

FILED  
2012 MAY -7 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 9 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA Concrete Controls, 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:

Paul A. Lea, Jr.  
Name of Person

Paul A. Lea, Jr., APLC  
Firm/Company

724 E. Boston St.  
Address

Covington, LA 70433  
City/State and Zip Code

plea@lajustice.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul A. Lea, Jr. at (985) 292-2300  
Name of Person Area Code & Daytime Telephone Number

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

FILED  
2012 MAY - 7 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FLORIDA Concrete Controls, LLC

(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 Sept. 8, 2011 and assigned Florida document number L11000103104.

This amendment is submitted to amend the following:

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

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)**

2741 W. 78th St.

Hialeah, FL 33016

**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:**

Doug Stiffler

**New Registered Office Address:**

2741 W. 78th St.

Enter Florida street address

Hialeah

City

Florida

33016

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 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>
mgr mgrm DPST	EDUARDO Guevara	40355 ALHAMBRA Circle Suite 301 CORAL GABLES, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	DOUG STIFFLER	PO Box 192 Dover, Ohio 44622	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	JASON L. COTTRELL	2353 Sesame Mogadore, Ohio 44260	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

FILED  
2012 MAY -7 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

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

Jason L. Cottrell  
Typed or printed name of signee