

L11000109707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED.

N. Culligan JAN 2 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GO Concrete Designs 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:

David Chambers

Name of Person

Go Concrete Designs LLC

Firm/Company

1733 NE 162nd ST

Address

Citra FL 32113

City/State and Zip Code

david@go-concrete-designs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Chambers

Name of Person

at (**352**) **598-3160**

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

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Go Concrete Designs 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 09/23/2011 and assigned
Florida document number L11000109707.

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)

1733 NE 162nd ST

Citra FL 32113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1733 NE 162nd ST

Citra FL 32113

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:

Steven Cabrera

New Registered Office Address:

6160 SW HWY 200 Suite 110

Enter Florida street address

Ocala

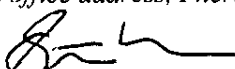
City

, Florida 34476

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

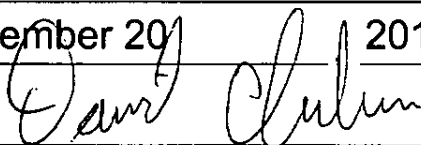
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gregory Lee	2613 NE 19th AVE	<input type="checkbox"/> Add
		Ocala FL 34470	<input checked="" type="checkbox"/> Remove
MGR	David Chambers	1733 NE 162nd ST	<input checked="" type="checkbox"/> Add
		Citra FL 32113	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated December 20 2013



Signature of a member or authorized representative of a member

David Chambers

Typed or printed name of signee

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Filing Fee: \$25.00

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