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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | <u></u> |
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Office Use Only



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T. MATTHEWS JUN 15 2022

COVER LETTER

| ΓΟ: Registration Sec Division of Corp | | | |
|--|--|--|---|
| вивјест: <u>Fody</u> | Asphalt Con | Suffing LLC ited Liability Company | |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | David A | Name of Person | |
| | Eady Asp | hulf Consulting L | LC |
| | 8674 County | y Road 6475 | |
| | Bushnell, | FL 33513 City/State and Zip Code | |
| | | yasphat egmail. co | ation) |
| For further information co | ncerning this matter, please ca | | -1017 |
| David A. Name of | Smith Person | at (813) 446-3 Area Code Daytime T | 759 Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECRETARY OF STATE DIVISION OF COMPORATIONS

22-APR 25 PH 3: 30

(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 ______ and assigned Florida document number ______. 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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

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.

City

_____, Florida _____ Zip Code

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> | Name | Address | Type of Action |
|--------------|---------------------|---------------------------------------|----------------|
| AMBR | Darian Nichole Mora | 8674 CR 6475 Bushrell, FL 33513 | XAdd |
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| effective date: If the date | , if other than the date of a listed, the date must be spected in this block does notice date on the Department. | cific and cannot be prior es not meet the applic | able statutory filing red | | |
| cord specifi filed. | es a delayed effective date, i | but not an effective ti | me, at 12:01 a.m. on th | e earlier of: (b) The | 90th day after the |
| ed Ap | -il 22nd | , 2027 | · | | |
| | | 9. A = | orized representative of a | | |