## 12000020324

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(A	ddress)	
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(C	ity/State/Zip/Phone	#)
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## **COVER LETTER**

TO:	Registration Section , Division of Corporation	Is	N	í		**
SUBJI	ECT:	Concrete Sup	oport S	Systems, LLC		
00.20		Name of Limit				<del></del>
The en	nclosed Articles of Amendn	nent and fee(s) are sub	mitted for	filing.		
Please	e return all correspondence o	concerning this matter	to the foll	owing:		
		Sar		Houghton, Esq.		
			Nam	e of Person		
		Clark, C	amp <u>be</u>	II & Lancaster, P.A	•	
			Firn	n/Company		-
		500 Sout	h Florid	la Avenue, Suite 80	00	
			,	Address		<del></del>
		La		Florida 33801	. <u></u>	
			•	e and Zip Code		
		shoughte E-mail address: (t	on@cla	rkcampbell-law.cor	n ication)	
For fu	orther information concerning	g this matter, please c	all:			
	Samuel A. Hou	ghton, Esq.	at	( 863 ) Area Code & Daytim	647-53	
	Nume of Folson			Area code to Day in	о гоюрно	·
Enclos	sed is a check for the follow	ing amount:				·
<b>√</b> \$25		0.00 Filing Fee & Certificate of Status	— Ce	00 Filing Fee & rtified Copy Iditional copy is enclosed		660.00 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

Concrete S	Support Systems, LL	<u>C</u>	<del></del>
(Name of the Limited Liability (A Florida I	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL12000026324	Company were filed on	2/3/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here	•	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compan	y," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office additional Name of New Registered Agent:		ır records, <u>enter t</u>	12 AF
New Registered Office Address:			
	Ente	er Florida street add Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	, A	<i>7</i> 111 <b>9</b> 11

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

	<u>Name</u>	Address	Type of Actio
	Mark Grace	6 KAITLIN DRIVE FAIRPORT NY 14450 US	✓ Add ☐ Remove
<u>'P</u>	Gunter Sengel	2378 OUTRIGGER LANE NAPLES FL 34104 US	
	Gunter Sengel	2378 OUTRIGGER LANE NAPLES FL 34104 US	
<del></del>			Add Remove
·			Add Remove
<del></del>			Add
If amer	ding any other information	, enter change(s) here: (Attach additional sheets, if necessa	
*****			
<u></u>			
	April 2		
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Page 2 of 2

Filing Fee: \$25.00