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COVER LETTER.

TO: Registration Section Division of Corporations
SUBJECT: Elegant Concrete Designs L.L.C. 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:
Acron Murphy Name of Person
Elegent Concrete Designs LLC Firm/Company
980 W 11th Ave
Mont Dora / FLorida 30757 City/State and Zip Code Acron murphy 03 @ gmailicom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Accor Murphy at 352 360 - 5924 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \(\text{S25.00 Filing Fee & Certificate of Status} \) \$55.00 Filing Fee \(\text{Certified Copy} \) (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status \(\text{Certified Copy} \) (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 OF

Elegant Conci	rete Designs	L, C, \subseteq
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our-récords.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L120002793</u> 3	were filed on <u>02/27/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Murphy's Distinctive (The new name must be distinguishable and contain the words "Limited Liabil	Concrete Coating	S L L C
Enter new principal offices address, if applicable:	980 W 11 th	Ave
(Principal office address MUST BE A STREET ADDRESS)	Mount Dora	FL 32757
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>्र</u>
	, Florida	:
	City	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
		· 	□Remove
			☐ Change
			□Add
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		□Remove	
		□Change	
			□Add
			□Remove

Page 2 of 3

If amendir	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Effective	date, if other than the date of filing:
Note: If t	we date is listed, the date must be specific and cannot be prior to date of fining of more than 50 days after the policy of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
The O/	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	23-15-2021
	13-15-3021 Accon Muching Accon Muching To device of a member of signer.
	Acron Murphy Typed or printed name of signee