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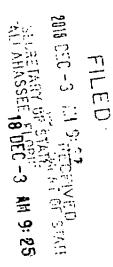
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S. PRATHER

## **COVER LETTER**

TO:		tration i	Section orporations			
SUBJE	CT: _	411_	Star	ASPhalt Name of Limi	and conclete Related Liability Company	phil'S LCC
The enc	losed 2	Articles o	of Amendmen	t and fee(s) are subi	nitted for filing.	
Please r	eturn a	ll corres	pondence con	cerning this matter	to the following:	
					Name of Person	
				3/1 >kd /	As/halt and con Firm/Company	ciele Repail LLC
					Address	
					City/State and Zip Code	
			<u> </u>	E-mail address: (1	8 ( Ex acl. Com	etification)
For furt	her inf	ormation	concerning th	his matter, please ca	all:	
_Dan	<u>lel</u>	Syr1 Name	of Person		at ( <u>&amp;D</u> ) <u>363</u> Area Code Dayti	-1834 me Telephone Number
Enclose	d is a c	heck for	the following	g amount:	/	
□ \$25	.00 Fil	ing Fee		0 Filing Fee & tificate 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)
		Regi Divi: P.O.	LING ADDI stration Section sion of Corpos Box 6327 thassee, FL 33	on rations	STREET/COUI Registration Section of Corp Clifton Building 2661 Executive (	orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

All Sty Applicant and Concrete Refair 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	5- 2012 and assigned
Florida document number <u>L12000031441</u>		2016
This amendment is submitted to amend the following:		HANDER TO THE
A. If amending name, enter the new name of the lin	mited liability company here:	FILED TC-3 77 AHASSEE T
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "	LLC" or the abbreviation. L.L.P.
Enter new principal offices address, if applicable:		7F 14
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reg		ords, enter the name of the new
registered agent and/or the new registered office ad	ldress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	, <b>Florida</b> Zip Code
New Registered Agent's Signature, if changing Register	red 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

Title	<u>Name</u>	Address	Type of Action
Manger	Multin Towar See 1-232305	6662 Pinneywood trails	O Add
16-16 hass	SEC 12 32305		Remove
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	·
E ES	ective date, if other than the date of filing: 12-3-18 (optional)
Not	n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.1 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the date on the Department of State's records.
	·
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the efficiency of the record is filed
(u) I	The Both day after the record is filed.
Dat	12-3-18 AHASSET - 3
	—————————————————————————————————————
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00