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· (Re	questor's Name)	
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SECRETARY OF STATE
AND ANASSEF FLORID

C. LEWIS

MAY -1 2012

EXAMINER

COVER LETTER

	tration Secti ion of Corpo		Apper		**	•
•	**	·			***	15 v
SUBJECT: _	SC	Name of Lim	KETE CONTRA	ACTING LL	<u>.C</u>	
The enclosed A	Articles of An	nendment and fee(s) are su	bmitted for filing.			
Please return al	ll correspond	ence concerning this matter	to the following:			
			GREG E WILLIAM	иs		
	•		Name of Person			
		SOUTH	HERN CONTRACT	TING LLC		
			Firm/Company			
		303 S	E 17TH STREET	309-103		
			Address			
			OCALA, FL 3447			
			City/State and Zip Code			
	-	greg. E-mail address: (southerncon@gm to be used for future annua	ail.com	on)	
For further info	rmation cond	erning this matter, please of	eall:			
	Greg	E Williams	at (352)	789	9-8251	
	Name of Pe	erson		de & Daytime Tel	lephone Number	_
Enclosed is a cl	heck for the f	following amount:				
√] \$25.00 Filin	ng Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy		\$60.00 Filing Feducation Certificate of Samuel Copy (additional cop	tatus &

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 12 APR 30 PM 3: 37

SOUTHERN CONCRETE CONTRACTING LESCRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) HASSEL, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	ity Company were filed on	APRIL 12, 2012	_ and assigned
Florida document numberL1200005017	1		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company he	e <u>re</u> :	
SOUTH	ERN CONTRACTING LL	.C	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)			
	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, 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 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>	Address	Type of Action
			Add Remove
*************************************			Add Remove
			Add
			Remove
			Add Remove
·			
			Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessa	ary.)
		<u>, , , , , , , , , , , , , , , , , , , </u>	SE (SE
			FIL 12 APR 30 SECRETAR FALLAHASS
			THE P
Dated	4/27/12/1.25	Mu_	1 3: 37 STATE FLORIDA
	Signature of a member	or authorized representative of a member	
	Grea E. W		

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• Filing Fee: \$25.00