L1200097164

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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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D. SCOTT JUN 2 9 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Big Top Concrete Resufacing LLC 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:
Anthony Commarata Name of Person
Big Top Concrete Resurfacing, LLC
7965 Lake Nellie Rd.
Clermont, FL 34714 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Commorota at (321) 297-1228 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$Certified C

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

The Articles of Organization for this Limited Liability Comp	any were filed on July 25, 2012 and assigned			
Florida document number <u>L12000097164</u>	J			
This amendment is submitted to amend the following:	SECOND TO THE THE			
A: If amending name, enter the new name of the limited	liability company here:			
N/A	SEC OF I			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.C."			
Enter new principal offices address, if applicable:	79165 Lake Nella Rd			
(Principal office address MUST BE A STREET ADDRESS				
	34714			
Enter new mailing address; if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7965 Lake Nellie Rd Clermont, FL 34714			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :			
	rielle Commarata			
New Registered Office Address: 791	e5 Lake Nellie Rd Enter Florida street address			
Cler	mont Florida 34714			
New Registered Agent's Signature, if changing Registered Age	ent:			

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 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 Name **Address Type of Action** Danielle Commarata 7965 Lake Nellie Rd Clermont, FL ☐ Remove 34714 ☐ Change □ Add □ Remove □ Change _□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change Change O Addi ☐ Remove

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Filing Fee: \$25.00