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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

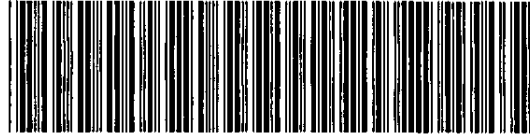
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
LAHASSEE, FLORIDA

AUG 10 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COAST CONCRETE COMPANY 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:

Susan K Flynn, Esq.

Name of Person

Gravitas, LLC

Firm/Company

P.O. Box 49108

Address

Sarasota, FL 34230

City/State and Zip Code

skflynn@gravitasfla.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan K Flynn

941

364-4400

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

COAST CONCRETE COMPANY, LLC

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CLERK OF DISTRICT COURT
FLORIDA
TALLAHASSEE

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>	<u>Type of Action</u>
MGRM	Gravitas, LLC	1343 Main St., Suite 700	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Bon Eau Enterprises, LLC	PO Box 9067	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

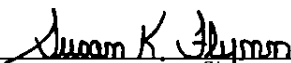
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FEI/EIN Number: 46-2915865

E. Effective date, if other than the date of filing: 07/31/2015 (optional)
(If an 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective 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 earlier of:
(b) The 90th day after the record is filed.

Dated July 31, 2015



Signature of a member or authorized representative of a member

Susan K. Flynn, Esq.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA