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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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09/30/13--01019--005 **25.80



COVER LETTER

	tion Section of Corporations
SUBJECT:	American lagle concrete Services LLC Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Mike Luther Name of Person
	American eagle Concrete Services
	MOS S. DIVISION Address
	Ollando, FL 32805 City/State and Zip Code
	E-mail address: (to be used for future kinnual report notification)
For further inform	nation concerning this matter, please call:
M_	Name of Person at (HIT) 973-3467 Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
□ \$25.00 Filing	Fee U\$30.00 Filing Fee & U\$55.00 Filing Fee & U\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· American eaa	le Concrete «		<u>_C</u>
(Name of the Limited Lia (A Flo	bility Company as it now apprida Limited Liability Company	ears on our records.) /)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on _	8-7-13	and assigned
Florida document number	<u>100</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company l	<u>iere</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Con	npany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>	م نظر بر نظر ،
) (and) (gas)	S
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BO)	<u>~</u>		
		OR D	
B. If amending the registered agent and/or i	rogistored office address o	Þ	- C
registered agent and/or the new registered office		i our records, enter ti	ie name of the new
	20.11	, /	
Name of New Registered Agent:	MLIKE LUT	her	
New Registered Office Address:	1705 5.0	NISION AVE	
		Enter Florida street addr	ess
_	Drlando	, Florida	32805
	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 addressed 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

Title -	Name	Address	Type of Action
mar	Zadjura, John B.	1705 S. Division Ave	Add
J		1705 S. Division Ave Orlando, FL 32805	Remove
			Remove
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 	
			Add
		A. A	Remove
			CO Add
		CRA Din A	Remove
<u></u>			Add
		<u> </u>	Remove
			Remove
		··	

b. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Michael Luther Correct Spelling of
•	Middle Initial 15"5" (not Jas listed on Si Please Correct and update to the followin
•	Dlease Correct and update to the followin
	Michael S. Luther
Dated	9-26, 2013.
	Maria de la companya della companya
	Signature of a member or authorized representative of a member
	NLike Luther
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

13 SEP 30 PN 12: 41
SECRETARIOR OF STATE
TALLEH ASSELL FLORIDA