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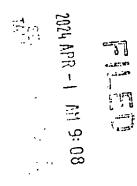
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Cover Letter

Name: Willie Thomas

2216 Kingston Street, Jacksonville, Fl. 32209

Telephone Number: 904-386-3109

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	It All, Cons	Struction and C	oncrete, LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Willie	Thomas Name of Person	——————————————————————————————————————
	Do It All,	Construction a	nd Concrete, LLC
	2216 Kir	ngston Street	
	Jacksonvil Ladydee 230 E-mail address:	le Florida 3? City/State and Zip Code Comcast. Net to be used for future annual report notion	2209 fication)
For further information c	oncerning this matter, please c		
Willie Th	Tomas f Person	at (A04) Daytim	384-3109 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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		Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Do It All, Construction and Concrete,

(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 $\frac{11/19/2013}{}$ and assigned Florida document number <u>L13000161827</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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 Address Type of Action **Title** Name _____ □Add _____ □Remove _____ Remove □Remove □Remove □Add

_____ Remove

_____ □Change

If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effect Note: If	date, if other than the date of filing:
cord is filed	
Dated	March 19th 2024. Willie Thomas Signature of a member or authorized representative of a member
	Wille Thomas
	Signature of a member or authorized representative of a member
	Willie Thomas
	Typed or printed name of signee