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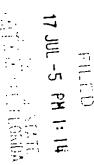
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S. WARREN JUL 0 7 2017

COVER LETTER

TO: Registration Section Division of Corporat	ions			
SUBJECT:	Name of Limited	Concre Le Liability Company	e LL	<u>'.C</u>
The enclosed Articles of Amen	dment and fee(s) are submitt	ed for filing.		
Please return all correspondence	e concerning this matter to the	he following:		
	Otis	Clark Name of Person		
	Clark +			
	2529 54	Address		
	Care Conce E-mail address: (to be	ity/State and Zip Code	3.	3914
	E-mail address: (to be	refe flag	report notificati	00) COM
For further information concern				
DA3	Clark	at (<u>239</u>)	327	6804
isane or Perso	11	Area Code	Daytime Ter	epnone isumber
Enclosed is a check for the folk	owing amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & [Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is encl		□ \$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, F1, 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

Warman of the Limited	Clark Concrete LLC
(<u>Same of the Elimited</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	ability Company were filed on $3/12/2014$ and assigned 942346
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	BOX)
B. If amending the registered agent and/or registered agent and/or the new registered office	or registered office address on our records, enter the name of the naice address here:
Name of New Registered Agent:	
New Registered Office Address:	2529 SW 23rd Place
	Cape Coral Florida 33914

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	David Clark dr	1655 Henderson Ave Fort Myers Fl 33916	🗆 Add
		Fort Myers Fl 33916	Remove
			□ Change
AMBR	Benjamin Jones 111	487 Coopers Court Fort Myers FL 33708	
		Fort Myers FL 33708	C Remove
			☐ Change
		AF-0	
			Remove
			Change
		1	🗆 Add
			_□ Remove
			□ Change
			Add
			Remove
		<u> </u>	hange
			_0\vq _0\vqq
			□ Temove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
-	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated	06/25 12017 Db Mm
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00