## L14000047515

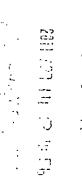
(Re	equestor's Name)	
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B. BOSTICK

APR 1 5 2014

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: FG CC	NCRETE, LLC.		
	Name of Limited Liability Company		
The enclosed Articles of Am	endment and fee(s) are submitted for filing.		
Please return all corresponde	ence concerning this matter to the following:		
	OSWALD F. LOPEZ  Name of Person		
	FLORIDA INSURANCE MALL, LLC.  Firm/Company		
	415 E. MAIN ST, SUITE. 216		
	BARTOW, FL. 33830		
-	City/State and Zip Code  OZLOPEZ@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)		1
For further information cond	erning this matter, please call:		, u.s.
OSWALD F.	LOPEZ 863, 670-1780		
Name of Pe		7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	( T,E
Enclosed is a check for the f	ollowing amount:		

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FG CONCRETE, LLC.					
( <u>Name of the Limite</u> (	d Liability Compar A Florida Limited L	ny as it now appears on our recor iability Company)	ds.)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on 03-16-2014				and assigned	
Florida document number L14000047515	·				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with the w	vords "Limited Liabi	lity Company," the designation "Li	LC" or the abbre	viation "L.L	.č."
Enter new principal offices address, if applicable:		1105 WEST 11TH ST			
(Principal office address MUST BE A STREET ADDRESS)		LAKELAND, FL. 3380	5		
			•	<u> </u>	
					es. 141 n jl
Enter new mailing address, if applicable:		SAME		. } 	ا کام ہائے۔ انشاعیری
(Mailing address MAY BE A POST OFFICE BOX)				; 55	· · · ·
				1 "Ü	ر وسم
P. Ife and the second					£.D.
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered off ice address here	ice address on our record :	ls, <u>enter the</u>	'name of	the nev
			•		
Name of New Registered Agent:	FRANK D. GRAY				
New Registered Office Address:	New Registered Office Address: 1105 WEST 11TH ST.				
		Enter Florida street addre	ss.		
	LAKELAND	, F	lorida 3380	5	
		City	2	ip 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member	
<u>Title</u>	Name	Address Type of Action
MGR	OSWALD F. LOPEZ	415 E. MAIN STREET
		SUITE 216
		BARTOW, FL. 33830
MGR	FRANK D. GRAY	1105 WEST 11TH ST
		LAKELAND, FL. 33805
		Remove
	<del></del>	A`då
		Remove
<del></del>		
		Remove
		□ Remove

D. If am	ending any other in	formation, ente	r change(s) here	: (Attach addi	itional sheets, if nece	essary.)
	WE ARE	EXCHA	NGING	MANA	66.25	<del></del>
						<u> </u>
(The ef	tive date, if other the fective date must be speciate this document is filed	fic, cannot be prior t	o date of receipt or fi	led date and cann	(option of the contract of the	
Dated	APRIL 10,		2014			
			If don	ez-		
	OCIA/AL F		of a member or autho	rized representat	ive of a member	
	OSWALL	F. LOPE		ed name of signee	· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

Filing Fee: \$25.00