114000067980

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COVER LETTER

Registration Section

Division of Corporations

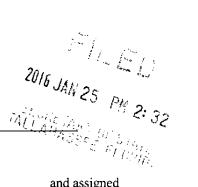
P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: Magruder	Concrete Solutions, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bruce Glaspey		
		Name of Person	
	Magruder Concrete Solution	ons, LLC	
		Firm/Company	
	2086 Marquette Avenue		
		Address	
	Sanford, FL 32773		
		City/State and Zip Code	·
	bruce@magruderes.com	to be used for future annual report not	(fination)
For further information	concerning this matter, please co	·	incation)
Carrie Koutek		407 314-7153 at ()	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
	ING ADDRESS:	STREET/COUR Registration Section	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Magruder Concrete Solutions, LLC

(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 Liab	pility Company were filed on April 25, 2014	and assigned
Florida document number L14000067980		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BE	<u></u>	
D 76 N 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er</u> ce address here:	iter the name of the new
Name of New Registered Agent:		
Now Posistand Office Address		
New Registered Office Address:	Enter Florida street address	
	Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the res	ered agent as provided for in Chapter 605, F.S. gistered office address, I hereby confirm that th	am familiar with and Or, if this document is
company has been notified in writing of this ch	aange.	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charlie Vander Kooi	P.O Box 621759	□ Add
		Littleton, CO 80162	Remove
			Change
MGR	Carrie Koutek	5478 210th Strret NE	Madd
		Solon, IA 52333	□ Remove
			☐ Change
			Change 25
			Add 2: Remove
			Change
			□ Add
			Remove
			□ Change
			□ Add
			□ Remove
			□ Change

and is now located at 2086 N	larquette Avenue, Sanford, FL 32773. Office phone number rema	ins the same
(407) 268-3535.		
		
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ctive date, if other than the	date of filing: (opti	ional)
in If the date inserted in this bl	st be specific and cannot be prior to date of filing or more than 90 days afte ock does not meet the applicable statutory filing requirements, this	
ment's effective date on the D	epartment of State's records.	
	d effective date, but not an effective time, at 12:01	a.m. on the earli
e 90th day after the rec	ord is filed.	
January 20 th	(20/6/)	
	// ////	
/3/5	Land Harrison	

Page 3 of 3

Filing Fee: \$25.00