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TO: Registration Section Division of Corpo			
SUBJECT:	Limeroc Name of Limi	K Aggregates	5, LLC
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
·	Karen	Annette Johns Name of Person	son
	Limero	CK Agaregates	S,LLC_
	P.D. 1	BOX 129 Address	
	Madi	SON FL 323 City/State and Zip Code	41
	Qjohnson@n E-mail addross: (t	NDS COW . COM to be used for future annual report notifi	ication)
For further information cond	cerning this matter, please ca	all:	
K. Annette Name of Po	Johnson	at (<u>850)</u> <u>973-7</u> Area Code Daytime	7172 Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	\$30.00 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

	gregates, LLC
(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LIHDOD 119625</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 L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	H1713 West US HWY 90
(<u>Principal office address MUST BE A STREET ADDRESS</u>	Madison, FL 32340
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address	P.D. Box 128 Madison, FL 32341 d office address on our records, enter the name of the new here:
Name of New Registered Agent: New Registered Office Address: 47	hnson, Karen Annette 73 West US Hwy 90 Enter Florida street address dison, Florida 32340
	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 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.

f Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Johnson, Jacob K,	Jr. 1607 East US Ai	ghway 90 0 Add
		Madison, FL 3	2340 M Remove
			Change
MGR	Johnson, Karen An	nette 4773 West US	HWY 90 MAdd
		Madison, FL	32340 □ Remove
		<u></u>	Change
			□ Add
			Remove
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(If an effective date is liste Note: If the date inser	ner than the date of fi d, the date must be specific ted in this block does n date on the Department	c and cannot be prior to da not meet the applicable	statutory filing require	(optional) 0 days after filing.) Pu ments, this date will	rsuant to 605.0207 i not be listed as
	s a delayed effective ter the record is file		n effective time, at	12:01 a.m. on	the earlier of
Dated Sept	: 21	, <u>2015</u> .			
	Karen	annett of a member or authorized	To ghoso	V ber	
	Karen		Johnson		

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Filing Fee: \$25.00