114000121720

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





600306392276

12/08/17--01018--019 ++25.00

2M7 6.10 - 8 - 21 21 21 22

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	ı	
SUBJECT: COrnerston	l Concrete & M	love LLC
The enclosed Articles of Amendment and fed	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	Janny her Flag	19
	Name of Person Name of Person Name of Person Name of Person	ete & Mure
13701	Firm/Company 1 NW 143 Pl	·
Alack	Ma, FL 32615	5
COVNEY	City/State and Zip Code Stone Con Crete ail address: (to be used for future annual report not	Legnal.com
For further information concerning this matter	er, please call:	
Danny L Flag	at (352) 972 Area Code Davtir	-2168
Englosed is a check for the following amoun		
\$25.00 Filing Fee S30.00 Filing Certificate of		☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li		· · · · · · · · · · · · · · · · · · ·	— 4	14	
The Articles of Organization for this Limited Liability Company	vere filed on H	L_1.1\l _1			
Florida document number <u>114000[2]720</u> .	(' (
This amendment is submitted to amend the following:			Is, enter the name of the new		
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	"LLC" or the abbrevia	ıtion	IC."	
Enter new principal offices address, if applicable:			· Ú	** ,	
(Principal office address MUST BE A STREET ADDRESS)		-	- (-)	t :	
Trincipal office address MOST BE A STREET ADDRESS)		••		3	
		•••	<u> </u>		
Enter new mailing address, if applicable:			C+3		
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, <u>enter the</u>	name (of the no	
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida street a	ddress			
		. Florida	a		
	City	Zi	p Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office of	performance of my dutie vovided for in Chapter 6	s, and I am famil 605, F.S. Or, if th	iar witt is docu	h and ment is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Danni Flagg	1370+ 14312 NW 158th ARe Alachma, FL 32616	□ Add B Remove
A <u>mbr</u>	Danny Lee Flagg	14312 NW 155th Are Alachya, FL 32616	_ □ Change
			□ Change □ Add _□ Remove
			_□ Change _□ Add _□ Remove
			_□ Change _□ Add • □ □ Remove
			_□ Change _□ Add
			□ Remove

·					
				<u> </u>	
-					
	·				
fective date, if other than the date of i	filing.		(option	.a.D.	
in effective date is listed, the date must be specif	ic and cannot be prior to	date of filing or more	than 90 days after ti	ling.) Pursuai	nt to 605.02
ote: If the date inserted in this block does cument's effective date on the Department	not meet the applicable of State's records	le statutory filing re	quirements, this d	late will not	be listed
ouncil some dure on the separate	ror state 5 records.				
record specifies a delayed effecti	we date but not :	on effective time	a at 12:01 a i	m on the	aarliar
Tecola specilies a delaved ettetti		m enective time	e, at 12.01 a.i	iii. Oii the	earner
The 90th day after the record is fi					
The 90th day after the record is find \hat{b}					
The 90th day after the record is fi	2017				
	2017			: :	2117
The 90th day after the record is fi	2017 w Han			1	2417 05
The 90th day after the record is find the state of the st	wy 2017 ora member or authoriz	ed representative of a	member	<u>:</u>	<u> </u>
The 90th day after the record is find the state of the st	w June or authorize	ed representative of a	member		<u>-8</u>

Page 3 of 3

Filing Fee: \$25.00