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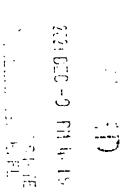
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A. BUTLER DEC 2 0 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hoopers Concrete & Block, HC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kully Scharffer Name of Person
Hospers Concrete+ Black LLC
16297 Cortez Blvd
Brooks ville F2 3+(c)  City/State and Zip Code  Odmin a hap concrete. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (35A) 515 - 5874  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:   S25.00 Filing Fee  Certificate of Status  S55.00 Filing Fee &  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee,  Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(1	(1) forfat Similed Endoming Sompany	
The Articles of Organization for this Limited Lial Florida document number <u>LHOOM</u>	· · · · · · · · · · · · · · · · · · ·	andassigned
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 "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		ie name of the new register
Name of New Registered Agent:	Eric. Hooper	21
New Registered Office Address:	Brooksville, Flor	ida 3460   Zip Code

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

New Registered Agent's Signature, if changing Registered Agent:

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Paun Burlington	16297 Corty Blvc	□Add
		Blooksville, FL 346	<u>Ol</u> <b>K</b> Remove
			Change
AMBR	Kelly Schaiffer	16297 Corte 7 Blv	A Add
	1	Brooksville, FC	□Remove
		3463	)
MER	Fic Hooper	16297 Cortiz Bl	∕d □Add
	·	Brooksville, FC 34	( <b>∆</b> ]□Remove
			TChange
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			Change
			□Add
			Remove
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			Remove
			□Change

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Note: If:	ive date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day  If the date inserted in this block does not meet the applicable statutory filing requirement ent's effective date on the Department of State's records.	( <b>optional)</b> s after filing.) Pursuant to 605.0207 ( s, this date will not be listed as t
record s d is filed	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier led.	of: (b) The 90th day after the
Dated	November 35, 2021.	
	November 35, 2021.  Signature of a member or authorized representative of a member	