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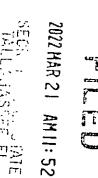
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Happirs Cimeret & + Black LCC 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:
Kelly Scharffar Name of Person
Hoopers Concrete + Block, CCC
16297 Cortite Blud
Brooksvill FC 34601
Kelly (a) hospy Concrete (or New Land Land Land Land Land Land Land Land
For further information concerning this matter, please call:
Kelly Schaiffer at (35a) 515-5874 Name of Person at (35a) 515-5874 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\ \times \text{\$\sigma} \text

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

Market Co. Company as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on 12 and assigned Florida document number 14000 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

> Signature of New Registered Agent If Changing 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>	Name	Address	Type of Action
AMBR	Kelly Scharffer	16977 Cortie Blad	🗆 Add
	,	Brooksville, A. 34	N Remove
			□Change
MGR	Eric Haper	16297 Cochez, Blu	
		Brookskille Fl 34	Remove
			Change
AMBR	Eric Hospir	16297 Cortez Bli	(I) Add
		Brooks1-1/12 FZ 3460	D □ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			DAdd
			□Remove
			□Change

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(If an effectiv Note: If th	date, if other than the date of filing:
ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member Etric. Hoope Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Fire Honor
	Typed or printed name of signee

Filing Fee: \$25.00