

L15000049515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

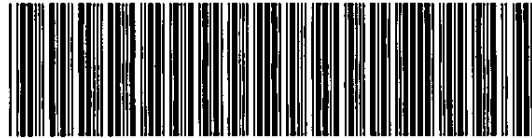
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 12

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ST JOHNS COUNTY CONCRETE SERVICES LLC

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:

MICHAEL J MONAKEY CPA

Name of Person

MONAKEY & CO CPAS

Firm/Company

12443 SAN JOSE BLVD #304

Address

JACKSONVILLE FL 32259

City/State and Zip Code

mike@monakeycpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL J MONAKEY CPA

Name of Person

at

(904)

Area Code

262 2661

Daytime Telephone Number

Enclosed is a check for the following 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ST JOHNS COUNTY CONCRETE SERVICES LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/19/15 and assigned  
Florida document number L1500049515.

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:

Enter Florida street address

, Florida

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.*

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>       | <u>Address</u>    | <u>Type of Action</u>                      |
|--------------|-------------------|-------------------|--------------------------------------------|
| MEMBER       | GARY ULLIG        | 1402 SATSUMA RD   | <input checked="" type="checkbox"/> Add    |
|              |                   | ST JOHNS FL 32255 | <input type="checkbox"/> Remove            |
|              |                   |                   | <input type="checkbox"/> Change            |
| MGR          | SANDORIA PINKETON | 939 ORANGEWOOD RD | <input type="checkbox"/> Add               |
|              |                   | ST JOHNS FL 32259 | <input checked="" type="checkbox"/> Remove |
|              |                   |                   | <input type="checkbox"/> Change            |
|              |                   |                   | <input type="checkbox"/> Add               |
|              |                   |                   | <input type="checkbox"/> Remove            |
|              |                   |                   | <input type="checkbox"/> Change            |
|              |                   |                   | <input type="checkbox"/> Add               |
|              |                   |                   | <input type="checkbox"/> Remove            |
|              |                   |                   | <input type="checkbox"/> Change            |
|              |                   |                   | <input type="checkbox"/> Add               |
|              |                   |                   | <input type="checkbox"/> Remove            |
|              |                   |                   | <input type="checkbox"/> Change            |

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