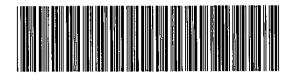
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TO:	Registration Sect Division of Corp).)			
	⊸. MAGIC CIT	Y CONCRETE AND MASO	NRY LLC			
SUBJ						
		Name of Lim	ited Liability Company			
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
		CHARLES GOLDBERG				
			Name of Person			
			Firm/Company			
		10380 USA TODAY WAY	Y			
			Address			
		MIRAMAR, FL 33025				
			City/State and Zip Code			
			to be used for future annual report notif	fication)	20:	
For fu	rther information cor	ncerning this matter, please ca	all:	LAH LAH	2015 JUN	-17
CHAF	RLES GOLDBERG		305 458-1846	TARY ASSE	JH 22	
Enclos	Name of I sed is a check for the			e Telephone Number STATE	8 + G	ED
\$ 2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate Certified Control (additional control)	g Fee, of Statu opy	

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

(Name of the Limited Liability Company as it now appears on our records.)

MAGIC CITY CONCRETE AND MANSONRY LLC

	(A Florida Limited Liability Company)					
The Articles of Organization for this Limited 1	Liability Company were filed on $\frac{04/06}{1}$	6/2015 and assigned				
Florida document number L15000059539	·					
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :				
N/A						
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if appli	cable:					
Principal office address MUST BE A STRE	ET ADDRESS)					
		201 5 SEC				
		AHA JUN T				
Enter new mailing address, if applicable:		V 2				
Mailing address MAY BE A POST OFFICE	E BOX)	THO -				
		FLS:				
		22 F				
3. If amending the registered agent and	d/or registered office address on o	~ (B				
egistered agent and/or the new registered	office address here:					
Name of New Registered Agent:	CHARLES GOLDBERG					
New Registered Office Address:	10380 USA TODAY WAY					
	Enter Florida street address					
	MIRAMAR	, Florida 33025				
	City	Zin 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>	Type of Action
MGR	CHARLES GOLDBERG	10380 USA TODAY WAY	■ Add
		MIRAMAR, FL 33025	□ Remove
		 .	□ Change
MGR	LAURA GOLDBERG	10380 USA TODAY WAY	□ Add
		MIARAMAR, FL 33025	■ Remove
			Change
			□ Add
			SECRE JUN 22 Chappee SECRE JAR Y OF STATE ORIDA Remove
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Typed or printed name of signee

Filing Fee: \$25.00