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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Ве	usiness Entity Nai	me)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
Sign		
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K. SALY JUL 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 0HILLIPS	CONX RETE Name of Limi	CONSTRUCTION LI	
The enclosed Articles of Amendmen	nt and fee(s) are subr	mitted for filing.	
Please return all correspondence con	ncerning this matter t	o the following:	
ER	IC PHILLI	P5 Name of Person	
Piti	LLIPS (b)	SCRETE ('ONSTRUCTION Firm/Company	N LLC
14	TWISTED	DAK TRAL Address	
SHE	ILIMAR, FL	- 33579 City/State and Zip Code	
<u>-:P41</u>	LLPS CONCRS E-mail address: (t	TE ('ONSTRUCTION & Cooperage of Control of Cooperage)	cation)
For further information concerning	this matter, please ca	II:	
ERIC PHILLIPS Name of Person	······	at (<u>850)</u> <u>376-90</u> Area Code Daytime	Telephone Number
Enclosed is a check for the following	g amount:		
S25.00 Filing Fee S30.0 Cer	00 Filing Fee & rtificate 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

PILED

2017 ML 19 PM 3: 17

PALLAHASSEE, FLORIDA

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15()CO108168</u> .	were filed on $\frac{\omega/22/2CE}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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.

City

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 = At	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	SHAWN J-BELL	492 JILLIAN DR., CRESTVIEW, J 32536	L 50 Add
			Remove
		2 HAMATON C-	Change
MBR	KURT T. HOLLYDAY	2 HAMATON CT MARY ESTHER, FL 3256	Add Add
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an effecti <u>ote:</u> If t	ive date is t the date ir		e must be sp is block d	ecific and oes not m	cannot be p cet the ap	rior to date plicable st		ore than 90 (ing.) Pursua	nt to 605.0207 (t be listed as t
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Page 3 of 3

Filing Fee: \$25.00



June 30, 2017

PHILLIPS CONCRETE CONSTRUCTION LLC ERIC PHILLIPS 14 TWISTED OAK TRAIL SHALIMAR, FL 32579

SUBJECT: PHILLIPS CONCRETE CONSTRUCTION LLC

Ref. Number: L15000108168

We have received your document for PHILLIPS CONCRETE CONSTRUCTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 417A00013330

TJULIS ANII: 80
CONTINUE OF FINANCE FINANCE

Segred 7/11/17