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Certified Copies Certificates of Status	SECRETARY OF STATE TALLAHASSEE, FLORIDA 18 FEB S PH 7: 39
Office Use Only	

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Phillips Concrete Construction 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:
Harina Phillips
Phillips concrete Construction LC
14 Twisted Oaktrl
Shalimar FL 32579 City/State and Zip/Code
Envillings Concrete Construction Smail. 10M
For further information concerning this matter, please call:
Hanne of Person at (750) 225-5162 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
MAILING ADDRESS: Registration SectionSTREET/COURIER ADDRESS: Registration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassec, FL 323142661 Executive Center CircleTallahassec, FL 32314Tallahassec, FL 32301

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ARTICLES OF AN	IENDMENT
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ARTICLES OF OR	GANIZATION
OF	
Phillip Concrete Company a (Name of the Limited Liability Company a (A Florida Limited Liability	ty Company)
The Articles of Organization for this Limited Liability Company wer	filed on 6/22/2015 and assigned
Florida document numbe. $\frac{1}{2}$ , $L = \frac{15000108168}{2}$	
Florida document numbe. $- \frac{r}{2} = 0.000(0.016)D$	
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 C	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:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>enter the name of the new</u>
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:	

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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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Gbal Registered Agent, Signature of New Registered Agent Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = M AMBR = A	lanager .uthorized Member				
<u>Title</u>	Name	Add	ress		Type of Action
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		Page 2 of 3			

8 **FEB** جر 2 La E. Effective date, if other than the date of filing: 01 - 01 - 2018(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1. .

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2 5 2018 member of authorized representative of a member NA Typed or printed name of : Page 3 of 3 Filing Fee: \$25.0)