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DIVISION OF CONFIDENTIONS
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T. MATTHEWS JUL 26 2022

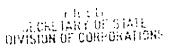
COVER LETTER

TO:

Registration Section Division of Corporations

F GEOR SUBJECT:	GE CONCRETE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ROBERT GRAHAM		
		Name of Person	
	F GEORGE CONCRETE.	, LLC	
		Firm/Company	
	233 NOB HILL CIRCLE		
		Address	
LONGWOOD, FL 32779			
		City/State and Zip Code	
	FGEORGECONCRETE@G	OUTLOOK.COM	
	E-mail address: (to be used for future annual report not	ification)
For further informatio	n concerning this matter, please c	all:	
ROBERT GRAHAM		407 947-5550	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section *Corporations	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22-MAY 23 AM 9: 49

F GEORGE CONCRETE, LLC

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

(A Fiorida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 05/19/2016	and assigned	
Florida document number 1.16000098263			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r 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	address on our records, enter th	e name of the new registered	
agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori	da	
N		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	_		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is	

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>	Name	Address	Type of Action
AMBR	CHAD LANIER GARMON	410 BUDLEIGH SALTERTON CLOSE	= Add
		LONGWOOD, FL 32779	□Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			☐ Change
			🗆 Add
			Remove
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			05/15/20	122			
an effective da <u>ote:</u> If the d	te is listed, the da are inserted in t	n the date of fi the must be specific his block does n the Department	iling: c and cannot be p not meet the app	rior to date of filing	or more than 90 d filing requireme	_ (optional) ays after filing.) Pursunts, this date will n	ant to 605.0207 (ot be listed as t
record specif is filed.	īcs a delayed ef	Tective date, but	not an effectiv	e time, at 12:01 :	a.m. on the earlie	r of: (b) The 90th	day after the
mod MAX 4			. 2022				
	- / 		~ X-~				

Typed or printed name of signee