

10/13/2016/T 12:51 PM Kats Baskies LLC FAX No. 561-910-5701 P. 001
 10/13/2016
L16000173576

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : KATZ BASKIES LLC
 Account Number : I2008000071
 Phone : (561)910-5700
 Fax Number : (561)910-5701

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: justin.savioli@katzbaskies.com

FILED
 16 OCT 13 PM 8:28
 ALLAHBADER COUNTY FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SOUTHEAST CONCRETE CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 OCT 13 PM 1:33

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OCT 13 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeast 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:

Justin Savioli
Name of Person

Katz Baskies & Wolf PLLC
Firm/Company

2255 Glades Road Suite 240W
Address

Boca Raton, FL 33431
City/State and Zip Code

justin.savioli@katzbaskies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Savioli at (561) 910-5700
Name of Person Area Code 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

Southeast Concrete Construction LLC

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

The Articles of Organization for this Limited Liability Company were filed on September 16, 2016 and assigned Florida document number L16000173576

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:

3281 Perimeter Drive

Enter Florida street address

Lake Worth

City

Florida 33467

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>
MGR	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input checked="" type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change
MGR	_____	_____	<input checked="" type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change
	_____	_____	<input type="checkbox"/> Add
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	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change

FILED
 16 OCT 13 PM 9: 29
 DEPT. OF REVENUE
 TALLAHASSEE, FLORIDA

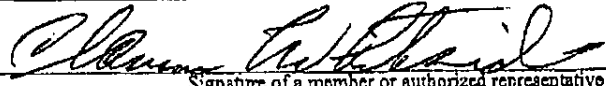
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 OCT 13 PM 3:28
 ALABAMA SECRETARIAT

E. Effective date, if other than the date of filing: _____ (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.

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 September 23, 2016



 Signature of a member or authorized representative of a member

Clarence Whiteside

 Typed or printed name of signer