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COVER LETTER

TO: Registration Se Division of Cor			
T-Rex Tim	bo's Concrete, LLC		
Subject:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	William Shirley		
		Name of Person	
	T-Rex Timbo's Concrete, L	TC	
		Firm/Company	
	12770 Shims Rd		
		Address	
	Jacksonville, FL 32226		
		City/State and Zip Code	
	reasap@hotmail.com		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	dl:	
William Shirley		904 629-5523 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

2016 NOV 10 PM 5:51
TALLAHASSEE, FLORIDA

T-Rex Timbo's Concrete, 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 Com-	npany were filed on 09/22/2016 and assigned		
Florida document number L16000176199			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
N/A			
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:	William Shirley		
(Principal office address MUST BE A STREET ADDRES	12770 Shims Rd		
	Jacksonville, FL 32226		
Enter new mailing address, if applicable:	William Shirley		
(Mailing address MAY BE A POST OFFICE BOX)	12770 Shims Rd		
	Jacksonville, FL 32226		
registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s here:		
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Florida street address		
	Enter 1 with the endiness		
	, Florida City Zip Code		
N	сиу гар Слав		

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Reasa Pabst			
		164 Olivette St, St Johns, FL 32259	■ Remove
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			☐ Remove
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fective date, if other than an effective date is listed, the date ote: If the date inserted in this coument's effective date on the	is block does not meet the a	pplicable statutory f	iling requirements, thi	onal) r filing.) Pursuant to 605.02 s date will not be listed
record specifies a dela The 90th day after the	yed effective date, bu record is filed.	t not an effectiv	e time, at 12:01 a	a.m. on the earlier
November 2	2016			
Wellen	T Shiles	·		
	Signature of a member or	authorized representati	tive of a member	

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Filing Fee: \$25.00