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2024 NOV 13 AM 10: 36 SECRETARY OF STATE TALL AHASSEE, FI

COVER LETTER

	ncrete Curb & Gutter, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub					
	Aaron Lyman					
		Name of Person				
	Buffalo Concrete Curb & 0	Gutter, LLC				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·			
	4001 Avalon Road					
		Address				
	Winter Garden, FL 34787					
	stephanie@buffaloflorida.co	City/State and Zip Code	e		2024 NOV 13 IN	وسيد
	E-mail address: (to be used for future annua	il report notificati	on)	THE ST	Mariana 1 1
For further information c	oncerning this matter, please ca	all:			TAP TAP	1
Stephanie Feill		352 3	57-1770		15.55 15.55	
Name o	f Person	Area Code	Daytime Tel	ephone Number	ASSEL FL ASSEL FL MID: 30)
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		Certified	te of Status &	
Mailing Addres	ss:	<u>Street A</u>	Address:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buffalo Concrete Curb & Guttter, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	çords.)
The Articles of Organization for this Limited Liability Company Florida document number L16000203666	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4001 Avalon Road	
Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>er</u> Enter Florida street ac	Y OF SETE
		, Florida
	City	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

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

GR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
∕IGR	Michael Barnes	10897 East Lucas Trial	■Add
		Inverness, FL 34450	□ Remove
			☐ Change
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Effective date, if other than the fan effective date is listed, the date many the listed in this bedocument's effective date on the I	st be specific and cannot be prior to date of filing lock does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after the
November 1	, 2024	
	101	

Filing Fee: \$25.00