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COVER LETTER

Div	ision of Corp	orations			
SURIFOT	43RD SERV				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ited Liability Company		
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing		
Please return	all correspon	dence concerning this matter	to the following		
		PABLO RAMIREZ			
			Name of Person		
			Firm Company		
	635 43RD STREET				
	Address				
	WEST PALM BEACH FL 33407				
			City State and Zip Code		
		E-mail address: ()	to be used for future annual report notifi	cation)	
For further it	iformation co	ncerning this matter, please ca	ıll		
PABLO RA	MIREZ		561 628-6840 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount			
■ \$25 00 F	Tiling 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:

TO:

Registration Section

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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

43RD SERVICES, LLC
(Name of the Limited Liability Company as it now appears

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/28/201	and assigned
Florida document number L17000140237		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limit	ted liability company here:	
PRP CONCRETE, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	n "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		the supplied of the supplied o
(Principal office address MUST BE A STREET ADDR.	ESS)	10 h - 1772 1 h 2 h - 1 h 1 h 1 h 1 h 1 h 1 h 1 h 1 h 1 h
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	and offer alderes as an order	ecords, enter the name of the new
registered agent and/or the new registered office addr		ecords, enter the name of the new
Name of New Registered Agent:		
N D. Carrier LOGT - Address -		
New Registered Office Address:	Enter Florida stree	t address
		Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a		
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag		
being filed to merely reflect a change in the registered		
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		ite, if other than the date of filing:	96/30/2017	0ω S0/2017	06/30/2017

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Filing Fee: \$25.00