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## **COVER LETTER**

ΓΟ: Registration Se Division of Cor			
SUBJECT:Pcc	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	_longthan_	Name of Person	
		Firm/Company	
	1278 Ridge	Address	<del></del>
	Meltarce Fl	32935 City/State and Zip Code	
	Christophor M E-mail address: (t	TICK & Yahas. Com o be used for futtle annual report notif	ication)
For further information c	oncerning this matter, please ca	itt:	
Jonathan	Mick	at (321) 427-	8765
Name o	f 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

Brevard Resurfacin	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1700143637	were filed on $\frac{7/64/2617}{}$ 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:
The new name must be distinguishable and contain the words "Limited Liabil	L.C.
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:	1278 Ridgewood DC
(Principal office address MUST BE A STREET ADDRESS)	Melborer F1 32935"
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	У
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u> </u>
Name of New Registered Agent:	
New Registered Office Address: W/A	Enter Florida street address
	, 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.

N/A

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:

1GR =	Manager	
MBR =	Authorized	Member

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ited		Signature of	a member or	authorized re	presentative of	f a member			

Page 3 of 3

Filing Fee: \$25.00