L170001-71348

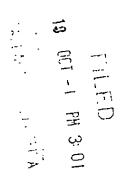
(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600318813236

10/01/18--01037--005 **25.00



COVER LETTER

TO: Registration S Division of Co			
MAJOR C	ONCRETE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	LYNN STERN		
	MAJOR CONCRETE, LL	Name of Person	
	4440 INDUSTRIAL PARI	Firm/Company K RD	
	GREEN COVE SPRINGS	Address , FL 32043	
	lstern@mjrconcrete.biz	City/State and Zip Code	
	E-mail address: (to be used for future annual report r	notification)
For further information	concerning this matter, please ca	all:	
Lynn Stern		904 297-4193 at ()	
Name (of Person	Area Code Day	time 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

Major Concrete, LLC		
(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	were filed on March 25, 2018	and assigned
Florida document number L17000071348		
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 Liabi	lity 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)	_	
		<u> </u>
Enter new mailing address, if applicable:		PH "
Mailing address MAY BE A POST OFFICE BOX)		ب <u>ې</u> ح
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Para Chairle and Harris	
	Enter Florida street address	
	, Flor	rida
	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

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>	Type of Action
MGR	DANIEL R WILCOX	201 CARNOUSTIE CT LEXINGTON, SC 29072	_ Add
			☐ Remove
			☐ Change
			🗀 Remove
			Add
			ı " ☐ Čhange
		Rer	□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove

					_				
									
 									
									
	<u> </u>							<u></u>	
									
									
									
								<u> </u>	
								8	<u>, , </u>
									<u> </u>
								<u> </u>	<u>o</u>
								32	
				27 SEPTE	MBER, 2018				
Affective da	te, if other t	han the date e date must be sp	of filing: secific and o	:		ng or more than 9	option 0 days after fi	i al) ling.) Pursuan	it to 605.0207
		in this block do on the Departr				y filing require	ments, this o	late will not	be listed as
		delayed effe the record i		ate, but no	ot an effec	tive time, al	: 12:01 a.	m. on the	earlier o
Dated $\sqrt{5}$	eft =	27		201	8.	Mative of a men			
	-								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00