L17000172359

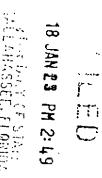
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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IAN 2 4 2016 SULKER



December 22, 2017

LOGAN C DRUMMOND 3711 HWY 273 GRACEVILLE, FL 32440

SUBJECT: D3 CONCRETE L.L.C Ref. Number: L17000172359

We have received your document for D3 CONCRETE L.L.C and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 217A00024305

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| то: | Registration Se Division of Cor | | | |
|-----------|------------------------------------|---|---|--|
| SUBJEC | D3 Concret | | | |
| SUBJEX | .:I: | Name of Limi | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Logan Drummond | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 3711 Hwy 273 | | |
| | | | Address | · · · |
| | | Graceville Fl 32440 | | |
| | | | City/State and Zip Code | |
| | , | E-mail address: (t | to be used for future annual report notific | cation) |
| For furth | er information co | oncerning this matter, please ca | all: | |
| Logan I. | · Drummond | | at () Area Code Daytime | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed | l is a check for th | e following amount: | | |
| □ \$25.4 | 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

| D3 Concrete | | | | |
|--|--|---------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on 08/14/2017 | and assigned | | |
| Florida document number 117000172359 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| Cutters L.L.C | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the a | bbreviation "L.1C." | | |
| Enter new principal offices address, if applicable: | 3711 Hwy 273 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Graceville Fl 32440 | | | |
| | | | | |
| Enter new mailing address, if applicable: | 3711 Hwy 273 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Graceville Fl 32440 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | the name of the ne | | |
| Name of New Registered Agent: | <u></u> | 7: (% | | |
| New Registered Office Address: | Enter Florida street address | S P IT | | |
| | 981 | | | |
| | , Florida | 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> | Address | Type of Action |
|--------------|------------------|----------------------------------|--|
| MGR | Logan Drummond | 3711 Hwy 273 Graceville FI 32440 | |
| | | - | □ Remove |
| | | | Change |
| AMBR | Jessica Drummond | 3711 Hwy 273 Graceville Fl 32440 | |
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| | | m. M. | F 1 |
| (If an effective date is listed, the date must | be specific and cannot be prior to date of filing ck does not meet the applicable statutory partment of State's records. | or more than 90 days after filing Dursuan | be listed as the |
| the record specifies a delayed) The 90th day after the reco | effective date, but not an effectind is filed. | ve time, at 12:01 a.m. on the | earlier of: |
| Dated 01/16/2018 | . 3:45 | | |
| Logan Dr | Signature of a member or authorized represent | ative of a member | _ |
| · · | · Marie of Leading and | | |

Page 3 of 3

Filing Fee: \$25.00