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D. SCOTT FEB 1 5 2013

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Concrete Smiths 4C  Name of Limited Liability Company
The enclosed, Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Smith  Name of Person  Concrete Smiths 4C
Firm/Company  11829 Objects  Address
Temple Terrace FL 33617  City/State and Zip Code  M. Smith & Concrete Craft. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Snith  Name of Person  at (865) 399-4/38  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ 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

Concrete Smi	ths 4c
(Name of the Limited List (A Flor	ollity Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number \(\begin{align*} \L \170000 \left(9466) \end{align*}	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	cimited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	ddress here:
Name of New Registered Agent:	me D D
New Registered Office Address:	Enter Florida street address 2
	Florida
	City Zin 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 = Mai	nager' thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Nathaniel Smith	11829 Oldegione Pl	Add
		11829 Oldegrove Pl Temple Terrose FC 33617	Remove
			Change
	<del></del>		Add
			Remove
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	<b>-</b> 20
-	ive date, if other than the date of filing:
ecti	ive date, if other than the date of filing: (optional)
n ell te:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
110	John day after the record is fried.
ted	2/28/18
	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	/ /
	Matthew Smith

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Filing Fee: \$25.00