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(Re	equestor's Name)	
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Reddings musonary and concrete Plus LLC 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:
JAMES Earl Redding SR Name of Person
Reddings masonery and concrete Plus LLC Firm/Company
4961 E BUHERRD Address
Formail address: (tobbe used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (863) 453-2191 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of S

MAILING ADDRESS:

TO:

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

<u> Reddinas</u> Masonaru	, and Concrete Plus LLC
(Name of the Limited Liability (A Florida Li	and Concrete Plus LLC company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	supany were filed on $10-17-2017$ and assigned
Florida document number <u>L17000215213</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Reddings masonry and concrete	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name in the distinguishable and contain the words. Elimited	Than my Company, the designation LLC or the appreviation "L.L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	(**) (2.1)
	1 Cu
	ed office address on our records, enter the name of the new
registered agent and/or the new registered office addres	s here:
	
Name of New Registered Agent:	는데 west
Name of New Registered Agent:	-
New Registered Office Address:	
	Enter Florida street address
	, 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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Holly E leonard	4961 E Buffer RD Ann Auon Park, FL 33925	p X-add
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ffective date, if ot	her than the date of fi	iling:		(optional)	
an effective date is list	ted, the date must be specific	and cannot be prior to d	ate of filing or more th	an 90 days after filing.)	Pursuant to 605.020
locument's effective	erted in this block does no date on the Department	ot meet the applicable of State's records	statutory filing req	uirements, this date v	will not be listed a
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Page 3 of 3

Filing Fee: \$25.00