11700228167

(Re	questor's Name)	
(Ad	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:	
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COVER LETTER

то: .	Registration Se- Division of Cor			
CHDIC		ENCE CONCRETE		
SUBJE	CT:		ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		KRASIMIR PASHALIEV		
		7-11	Name of Person	
		PIERCE-SPENCE CONCI	RETE	
			Firm/Company	
		247 BENT ARROW DR		
			Address	100 to
		DESTIN FL 32541		
			City/State and Zip Code	
		INFO@SPENCECONCRE	TE.NET to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	·	cations
KRASIMIR PASHALIEV			850 368-9890 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

PIERCE-SPENE CONCRETE								
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)							
The Articles of Organization for this Limited Liability Company Florida document number 1.17000228167		i						
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liab	ility company here:							
PIERCE-SPENCE LLC								
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."							
Enter new principal offices address, if applicable:	1779 FRONTERA STREET NAVARRE FL 32566							
(Principal office address MUST BE A STREET ADDRESS)								
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1779 FRONTERA STREET NAVARRE FL 32566							
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ie nev						
New Registered Office Address:								
New Registered Office Address.	Enter Florida street address							
	City . Florida							
New Registered Agent's Signature, if changing Registered Agent:		7						
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply per performance of my duties, and I am funitiar with approvided for in Chapter 605, F.S. Or, if this domain with	ቶስ the ቀ						

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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
			☐ Remove
			□ Change
			Add
			Remove
			Change
			☐ Remove
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ffective date, if other than the data an effective date is listed, the date must be tote: If the date inserted in this block ocument's effective date on the Department.	does no	ot m	neet th	he appl	icable	te of fil statute	ing or n	ore that	n 90 day irement	(option s after fil s, this d	al) ing.) Purs ate will i	uan 10t	i to 60: be list	5.020 ted a
e record specifies a delayed ef The 90th day after the record	fective is file	e da ed.	ate,	but n	ot ar	effe	ctive (time,	at 12:	01 a.r	n. on t	he	earli	ier (
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Filing Fee: \$25.00