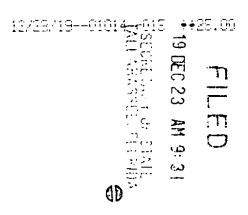


(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	







JAN 25 267

COVER LETTER

TO:	Registration Sec Division of Corp			
CUBIC		BY PF LLC		•
SUBJE	oli <u></u>	Name of Lim	ited Liability Company	
The enc	losed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		PATRICK FRANKLIN		
			Name of Person	- 12
			Firm/Company	
		512 E 15TH ST		
			Address	
		PANAMA CITY , FL 3240	01	
			City/State and Zip Code	
			TRUCTION2019@GMAIL.COM to be used for future annual report notifi	cation)
For furth	ner information co	ncerning this matter, please ca	·	,
PATRIC	CK FRANKLIN		850 258-7777 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for the	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

CONCRETE BY PF (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/07/2017 and assigned Florida document number L17000250903 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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
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tive date, if other than the date of filing:	,	
ffective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) re than 90 days after filing.) Pursua	nt to 605
If the date inserted in this block does not meet the applicable statutory filing nent's effective date on the Department of State's records.	requirements, this date will no	t be liste
ecord specifies a delayed effective date, but not an effective tir	ne, at 12:01 a.m. on the	e earlie
e 90th day after the record is filed.		
12/19/2019 2019		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00