## L1800011488

(Ře	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	е)
(Do	ocument Number)	3331
Certified Copies	_ Certificates	of Status
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## COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	<del></del>	OVKS SRQ LLC	2
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Josh G	iraber	
	Concret	Name of Person Le Works SRO	2 LLC
		Firm/Company	
	13407 /	UBranch Rd Address	
	,	Address	
	Savasol	a FZ 34240	
		City/State and Zip Code  @ a o 1. c o m	
	E-mail address: (i	to be used for future annual report notific	cation)
For further information con	cerning this matter, please ca	પી:	
JOSH 6 Name of P	ovabov erson	at ( <u>941</u> ) <u>378- 2</u> Area Code Daytime	7 / 33 Telephone Number
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee	S30.00 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 Works SRQ LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 01/12/2018	and assigned
Florida document number L18000011488		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	i liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	S(S)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18
muning dadress may be a rost of rice boar	<del></del>	A A
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>s</u>	enter the name of the ne
		67.46
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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>	Name	Address	Type of Action
AMBR	Josh Graber	13407 N Branch Rd Sarasota, FL 34240	🖼 Add
			Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00