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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: DR Bateman Concrete Finishing LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Darrell & Joanna Bateman Name of Person D. R. Bateman Concrete finishing U Firm/Company
	147 Gary Aug
	City/State and Zip Code 1 Sun rise Cleaning & Gracil. E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call: 2rvel
Enclose	d is a check for the following amount:
5 \$25	5.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 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

Name of the Limited Liability Company (A Florida Limited Lia	Concrete finishing LLC ability Company) LCC
The Articles of Organization for the Limited Liability Company we Florida document number 18000-53915	vere filed on 2.28-18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY TALLAHASSE 18 APR 3D 1
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
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 AMBR = Authorized Member <u>Title</u> Name **Type of Action** □ Remove ☐ Change _□ Add ☐ Remove ☐ Change _ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

						
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effective date is listed, the date must be If the date inserted in this block	e specific and ca	annot be prior to da	te of filing or m	ore than 90 days a	fter filing.) Pursuant	to 605,02
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Filing Fee: \$25.00