1/8000/083/8

| (Requestor's Name) | |
|--------------------------|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| P WAIT [| MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certificates of St | atus |
| s to Filing Officer: | |
| | |
| | • |
| | |
| | (Address) (Address) (City/State/Zip/Phone #) WAIT (Business Entity Name) (Document Number) Certificates of St |

Office Use Only



500319455175

SECRAPANY OF STATE

118 OCT 15 PM 3: 15

10/17/18--01013--014 ++30.00

MCT 25 1.

S. PRATHER

2018 OCT 15 AH ID: 33

COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|---|
| CMC Gulf | Coast LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Mark Robins | | |
| | Fairway Customs LLC | Name of Person | |
| | 1466 Marlin St. | Firm/Company | <u></u> |
| | Nakomis, Fl. 34275 | Address | |
| | Lm1466@verizon.net | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please co | all: | |
| Mark Robins | | 941 724-0652 at () | |
| Name o | of Person | Arca Code Daytimo | : Telephone Number |
| Enclosed is a check for t | he 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

| CMC Gulf Coast LLC | | B T |
|--|--|--------------------------|
| <u> </u> | Tab. 21 | |
| (Name of the Limited Lia (A Flo | bility Company as it now appears on our records.) orida Limited Liability Company) | 77 |
| The Articles of Organization for this Limited Liability Florida document number L18000068318 | y Company were filed on 3/15/2018 | SS and assenced S |
| This amendment is submitted to amend the following | | m 01 |
| A. If amending name, enter the new name of the I | limited liability company here: | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET AD</u> | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · | |
| (Manning and the Manning and the Best of t | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | ter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florida | ł |
| _ | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
| | | | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | -, | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
| | | ** - ** - ** - ** - ** - ** - ** - ** | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |

| | e date of filing: | |
|------|-------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

Filing Fee: \$25.00