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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Seaside Concrete LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Agron Downer Name of Person
Seaside Concrete LLC. Firm/Company
PO BOX 689 Address
Shalimar FL 32579 City/State and Zip Code SeasideConcretel@gmail.com E-mail address: (to be used for future annual report notification)
Seasideconcretelagmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aaron Downer at (850) 797 - 4646 Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

Seaside Concy	many as it now appears on our records.)		
(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Compa	any were filed on 5-1-18	and as:	signed
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 "LLC." 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:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designation "LLC" or the abb	reviation "L	.L.C."
Enter new principal offices address, if applicable:			3S 3S
	· · · · · · · · · · · · · · · · · · ·	НАҮ	CRE
Enter new mailing address, if applicables			EE OF ST ORPORA
(Mailing address MAY BE A POST OFFICE BOX)			
6 6 6		<u>he</u> name	of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a	agree to act in this capacity. I further agre	e to com	ply 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
NGR	<u>Aaron Downer</u>	8436 Gulf Blud	Add
		Navarre, FL 32566	□ Remove
			Change
			Add
			Remove
			☐ Change
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more to ote: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the ear	lier c
ated May 215t , 2018.		
alcu IIII (A I		
Signature of a member or authorized representative of a	member	

Page 3 of 3

Filing Fee: \$25.00