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Registration Section
Division of Corporations

	erete, LLC		
OBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
lease return all corres	pondence concerning this matter	to the following:	
	Brian E. Langford, Esq.		
	*****	Name of Person	
or further information rian E. Langford. Esquare Section Filing Fee Mailing Addr Registration Division of P.O. Box 63	Langford & Myers, P.A.		
		Firm/Company	
	1715 West Cleveland Stree	et	
		Address	
	Tampa, FL 33606		
		City/State and Zip Code	
	brian@langfordmyers.com		
	E-mail address: (to be used for future annual report no	etification)
or further information	concerning this matter, please c	all:	
Brian E. Langford, Esc	1 .	813 251-5533	
Namo	of Person	Area Code Dayti	me Telephone Number
nclosed 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)
Registration Division of	Section Corporations 327	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Got Concrete, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on May 14, 2018	and assigned
Florida document number L18000120632		•
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liab	oility company here:	
Got Concrete Spring Hill, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17728 US Hwy 41	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	Spring Hill, FL 34610	TAL
		Fr K
Enter new mailing address, if applicable:		S
Mailing address MAY BE A POST OFFICE BOX)		
		프로 그
		ini o
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	mi o
AT ANT TWO CONTROL AND A		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street addr	ess
		ess Florida

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>	<u>Address</u>	Type of Action
			DAdd
			□ Remove
			Change
			□Add
٠			□ Remove
			□Add
			□Remove
			
		· 	□ Remove
			□ Change
			□Remove
		· .	
			□Add
			□ Change

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Effective date, if other than the date of filing:	605.0207 (listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day and is filed.	ifter the
Dated 9/9 , 2024	
	_
Signature of a member or authorized representative of a member	
James Glover Typed or printed name of signee	_

Filing Fee: \$25.00