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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINNACLE PRECAST TECHNOLOGIES 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:

For further information concerning this matter, please call:

RICHARD BARRY STEM at (352) 299-0221

Name of Person Telephone Number

Daytime Telephone Number

Enclosed 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)

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

PINNACLE PRECAST TECHNOLOGIES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \(\overline{3069} \) and assigned Florida document number \(\overline{18000173569} \).

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "L!	CC" or the abbreviat		C."
Enter new principal offices address, if applicable:		·	ින ()	
Principal office address MUST BE A STREET ADDRESS)			CT	
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nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	 -	
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. If amending the registered agent and/or registered office address	on our recor	ds, enter the r	iame (of the
. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			iame	of the
. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our recor		iame (of the

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 = N $AMBR = A$	nanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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lote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	y ming requirements, this date with h	of oc fisted as
a second annexision a deleved affective data, but not an office	tive time at 17:01 a.m. on th	ne earlier of
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Pated Ortoher 5, 1,2018.		
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Typed or printed name of signee

Filing Fee: \$25.00