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MAY 1 0 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CIRIZEN RUE DUSTESS BLASTING 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:
MARK Wiff GAN Name of Person
GRIZERITREE DUSTIESS Blasting LLC
14333 BEACH Blud STE 33
Jacksonville Floxida 32250 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK W166AN at (200) N57 · 6657 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ (additional co

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

() REVIEW TRIZE DUSTIES	5 Blasting LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L/8000/95530}{}$.	were filed on August 2, 2018 and assigned
This amendment is submitted to amend the following:	5 6
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new	16 LLC To Book
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 of	5001 ARYYTE FOREST DIVID STIL 21-104 TACKSON UNINE FT 32244 Tice address on our records, enter the name of the new
registered agent and/or the new registered office address here	5:
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 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	<u>Address</u>	Type of Action
_			☐ Add
			□ Remove
			Change
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			Change

	
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f an effective date is listed. <u>Yote:</u> If the date inserte	cer than the date of filing:
e record specifies The 90th day afte	a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier er the record is filed.
Dated April	<u>25</u> . <u>2014</u> .
	Signature of a mentograph authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00