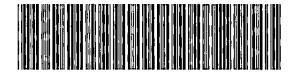
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COVER LETTER

	gistration Sec vision of Corp					
CUDICCE		ites Pavement Markers, LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please retur	n all correspor	ndence concerning this matter t	to the following:			
		Kevin Carter				
			Name of Person			
	Southern States Pavement Markings, LLC					
			Firm/Company	····		
	1745 Lakeside Avenue					
	Address					
		Saint Augustine, FL 32084				
			City/State and Zip Code			
		E-mail address: (t	o be used for future annual re	port notification)		
For further	information co	oncerning this matter, please ca	ill:			
Kevin Carto	èr		904 814- at ()	8410		
	Name of	Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

18 SEP 2	LED
SECALIA TALLAHASSEE	AH 11: 40
- San San E	FLORIDA

Southern States Pavement Markings, 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 Compar	ny were filed on August 27, 2018	and assigned
Florida document number L1800204360		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	offine address on our records ont	or the name of the new
registered agent and/or the new registered office address h		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida, Florida	Zip Code
	City	г.р Соае

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: FILED 18 SEP 26 AM 11: 40 MGR = Manager AMBR = Authorized Member **Type of Action** Address Title Name. Melvin O Carter 1745 Lakeside Avenue MGR Saint Augustine, FL 32084 **■** Add ☐ Remove _□ Change Sheran L Carter 1745 Lakeside Avenue MGR Saint Augustine, FL 32084 🗎 Add ☐ Remove □ Change 1745 Lakeside Avenue Kevin A Carter MGR Saint Augustine, FL 32084 ■ Add ☐ Remove Change 1745 Lakeside Avenue Jesus E Roman MGR Saint Augustine, FL 32084 ■ Add □ Remove ☐ Change 1745 Lakeside Avenue JOHN StonE MGR Saint Augustine, FL 32084 🗐 Add □ Remove _□ Change 1745 Lakeside Avenue Joseph C. Robinson Jr. MGR Saint Augustine, FL 32084 **■** Add ☐ Remove

□ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and current be prior to date of filing or more than 90 days after fling.) Pursuant to 695,020 Abre. If the date is insted, the date must be specific and current be prior to date of filing or more than 90 days after fling.) Pursuant to 695,020 Abre. If the date is insted, the date must be specific and current be applicable statutory filing requirements, this date will not be listed and document's effective date on the Department of State's records. The 90th day after the record is filed. Dated September 25. 2018 September 25. 2018 Melvin O Carter	. If amending any other information, enter change(s	here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695,029 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated September 25. 2018 September 25. 2018	<u></u>	
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Melvin O Carter	Signature of a member	or authorized representative of a member
Melvin O Carter		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00