5/3/2019

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : DDS TAMPA TAX SERVICE

Account Number : I20140000115

Phone : (813)882-8426

Fax Number : (813)884-0263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACRRECYCLE & ACRRECYCLE . COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICA CONCRETE RECYCLE LLC

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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
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| CHIC | | CONCRETE RECYCLE LLC | ; | |
| SUF | BJECT: | Name of Lim | ited Liability Company | |
| The | enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Plea | ise return all correspo | indence concerning this matter | to the following: | • |
| | | PAULO R CAPONE | City/State and Zip Code RRECYCLE.COM City/State and Zip Code RRECYCLE.COM asse call: 813 Aca Code Daytime Telephone Number \$55.00 Filing Fee & \$60.00 Filing Fee, | |
| | | AMERICA CONCRETE I | | · |
| | • | 23110 STATE RD 54 # 193 | Firm/Company | |
| | | <u></u> | Address | |
| | | LUTZ, FL 33558 | | |
| | | ACRRECYCLE@ACRREC | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For. | further information e | oncerning this matter, please ca | oll: | |
| PAL | JLO R CAPONE | | | |
| | Name of | f Person | Arca Code Daytime | Telephone Number |
| Encl | losed is a check for th | ne following amount: | | |
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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
Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICA CONCRETE RECYCLE 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 05/03/2019 Florida document number _____18000228631 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRC SUNCOAST LLC 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: Enter Florida street address

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

, Florida

05/03/2019 12:24PM FAX 813 884 0263

DDS TAX SERVICE

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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> ALUISIO DE REZENDE R | Address | Type of Action |
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