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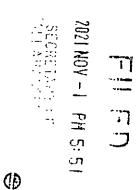
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| SUBJECT:, | SPIRES CO | DNCRETE, LL ited Liability Company | <u>. C</u> |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | MICHAE | L SPIRES Name of Person | |
| | | PIRES CONC | |
| | 4056 | DIMS DALE | RD |
| | JA> | \angle FL 323 City/State and Zip Code \angle 73 \bigcirc YAF to be used for future annual report to | 257 |
| | SPIRE E-mail address: (1 | 5 73 @ YAF to be used for future annual report no | 100. COM otification) |
| For further information co | oncerning this matter, please ca | all: | |
| MICHAEL | SPIRES | at (<u>904</u>) <u>56</u> Area Code Dayt | 8-0916 |
| Name o | f Person | Area Code Dayt | ime 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 (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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| SPIRES CONCRETE LL 2021 HOV - 1 PH 5:51 (Name of the Limited Liability Company as it now appears on our records.) SECRE INVY |
|--|
| (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on 10/05/2018 and assigned Florida document number L18000236400 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: SPIRES PROPERTY MAINTENANCE 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 |
| City Florida 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> | <u>Name</u> | Address | Type of Action |
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| an effectiv lote: If th | ve date is listed, the he date inserted in | nan the date of filidate must be specific and this block does not the Department o | and cannot be pric of meet the appli | cable statutory fil | more than 90 days | optional) after filing.) Pursu t, this date will n | ant to 605,0207 (ot be listed as t |
| record sp I is filed. | | effective date, but n | not an effective | time, at 12:01 a.m | . on the earlier o | of: (b) The 90th | day after the |
| ated | OCTO | 3ER 28 | <u>202</u> | <u>- 1</u> . | | | |
| | | M. | 11/ | | •• | | |
| | | -/14 | | horized representati | | | |
| | | Signature of | a member or aut | norized representati | ve of a member | | |