## 18000239157

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) OLD IDENTIFICATION OF THE STATE OF THE
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
Signature

Office Use Only



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## **COVER LETTER**

Division	n of Corpo	rations				
		Concrete LLC				
SUBJECT:		Name of Limi	ted Liability Company	···-		
The enclosed Art	ticles of Ar	nendment and fee(s) are sub-	nitted for filing.			
Please return all	correspond	ence concerning this matter t	o the following:			
		David Sims				
			Name of Person			
		Space Coast ConcreteLLC				
		109 Coral Reef Drive	Firm/Company			
		Satellite Beach, FL 32937	Address			
		sims.davida@yahoo.com	City/State and Zip Code			
			o be used for future annual report	notification)	â	1,5
For further infor	mation con	cerning this matter, please ca	II:		(D)	134
David Sims			321 482-34 at ()			
	Name of P		Area Code Da	sytime Telephone Number	51.5.27	POPE STATE
Enclosed is a che	eck for the	following amount:			122	<u> </u>
<b>■</b> \$25,00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of Certified Copy (additional copy)	Status & Y	∪n

MAILING ADDRESS:

TO:

Registration Section

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



November 29, 2018

DAVID SIMS SPACE COAST CONCRETE LLC 109 CORAL REEF DRIVE SATELLITE BEACH, FL 32937

SUBJECT: SPACE COAST CONCRETE LLC

Ref. Number: L18000239157

We have received your document for SPACE COAST CONCRETE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 118A00024358



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Principal occurrent number L18000239157

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

Space Coast Concrete LLC

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
MGR	David Sims	109 Coral Reef Drive Satellite Beach, FL 32937	<b>■</b> Add
<del></del>		<u></u>	
			Remove
			□ Change
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t	
E Dan	November,1st 2018
	ctive date, if other than the date of filing:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
doci	ament's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) Th	ne 90th day after the record is filed.
Date	1 <u>December, 12</u> . 2018.
	_ , }
	December, 12, 2018.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	David Sims

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00