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T.G.

-COYER LETTER

TO: Registration Solivision of Co					
	ND MCMEANS CONCRETE I	LLC			
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter RAYMOND GRIER	_			
		Name of Person			
	GRIER AND MCMEANS				
	620 E BLOUNT ST	Firm/Company		2019 FEB 25 SECRETAR TALLAHASS	
	PENSACOLA FL 32503	Address		ETARY OF	TANC.
	WATERSGENC@AOL.CO			H 3: 51	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report	notification)	• '	
RAYMOND GRIER		850 637 6852	2		
Name o	of Person	at () Area Code Day	ytime Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	ING ADDRESS:	STREET/COU	JRIER ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRIER AND MCMEANS CONCRETE LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our recor ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	any were filed on 4 FEB 2019	and assigned
Florida document number L19000035173		
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 I	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	v	
<u>Principal office address MUST BE A STREET ADDRESS</u>	2	<u>20</u>
		CG FR A
		PPI FI B 2
Enter new mailing address, if applicable:		SEE
Mailing address MAY BE A POST OFFICE BOX)		19 19 19 19 19 19 19 19
		25 3
		्रत −
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ls, enter the name of the n
Name of New Devictors 4 America		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	25.5
		lorida
	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
MBR	RODNEY D MACKEY	8860 aIRWAY DR	
WIDK			
		PENSACOLA, FL 32514	
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in effective date is listed, the date m	4 FEB 2019 ne date of filing: nust be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to r filing requirements, this date will not be	605.020 listed a
record specifies a delayon The 90th day after the re	ed effective date, but not an effecti cord is filed.	ive time, at 12:01 a.m. on the ea	rlier o
ted 25 FEB	2019		
Ray	Med Linns Signature of a member or authorized represent		

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Filing Fee: \$25.00