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Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	





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LLCond. Amend. 12111119

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	B Concrete Name of Limi	Constructived Liability Company	ion LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person CIEIC Cons Firm/Company	truction LCC
		Tarl Lace Address	
	Merritt	Sland F City/State and Zip Code	-C 32.953
	E-mail address: (t	to be used for future annual repo	rt notification)
For further information ec	oncerning this matter, please ca	all:	
Julian Name of	Ber311mg Person	at (<u>321)</u> Area Code 1	287 42.81 Daytime Telephone Number
Enclosed is a check for th	e followine amount:		
\$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registra	NG ADDRESS: ation Section of Corporations x 6327	STREET/CO Registration Division of C Clifton Build	orporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDB Concrete	Construction	LCC
(Name of the Limited Liability Comr	nany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L I 9000047</u> 6	y were filed on $\frac{2/18/19}{21}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- Ka
		AON Care S
Enter new mailing address, if applicable:		o o o o o o o o o o o o o o o
(Mailing address MAY BE A POST OFFICE BOX)		70 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		3
		: 5
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 he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida
	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>	<u>Name</u>	Address	Type of Action
AP	Julian Broscing	Menite Trail in	□ Add
		Menity Trans fo	- - Remove
. 4		32953	Change
AMBR Julian Buscing	Same as above	□ Add	
		Remove	
10			Cha nge
AR Julian Bershing	some as above		
	J		E Remove
		······································	Change
			🗆 Add
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			_□ Change

_	
_	Just want my name
_	······································
_	I believe Manager Chare
_	Bank will not allow such
_	as it is now Thank your
_	(For business account)
-	
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<u>-</u>	
(If an effe Note:	we date, if other than the date of filing: (optional) retive 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 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 14 . 2019.
	Signature of a member of multiorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00