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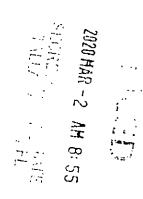
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
0	NATIONIA COA	1:000 110	
SUBJECT:	NATIONAL CON	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ry	MAYER Name of Person	
	,	Name of Person	
	NAT	TONAL CONCRETE	
		70MAL CONCRETE	
	(57	SPRING / a = De	•
		SPRING LAKE DE	
	Maria	en= (1 2290)	
	7 15 (30)	City/State and Zin Code	
	Kynn O N	City/State and Zip Code ATL CONCRETE, COM	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Q_{α}	MAYER	42 70 6	. / 2
Name	of Person	at (<u>407</u>) <u>7/8-6</u> Area Code Daytim	e Telephone Number
			•
Enclosed is a check for	the 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of (Corporations	Division of Cor	
P.O. Box 63	27	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32343

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATIONAL CONCRETE (Name of the Limited Liability Compa (A Florida Limited I	LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900183373</u> .	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5160 N. HIGHWAY 1
(Principal office address MUST BE A STREET ADDRESS)	From SHORES, FL 32940
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 HAR
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered to the new registered to the name of the new registered to the new registered to the name of the name of the name of the new registered to the name of the new registered to the name of the name
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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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f an effect Note: If	e date, if other than tive date is listed, the dat the date inserted in that at's effective date on t	e must be spec is block doe	ific and ca s not mee	nnot be prior t the applic	able statutor	g or more than 9 y filing require	(option of the contract of the	filing.) Pur	suant to 60: not be lis	5.0207 (3) ted as the
e record s d is filed	specifies a delayed eff d.	ective date, l	out not an	effective t	ime, at 12:01	a.m. on the ea	rlier of: (b) The 90	th day afte	er the
Dated	FEB 21			20 20						
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