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S. YOUNG

COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	DAJ Concrete Services LLC					
SOBJECT.			ted Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter (to the following:			
		David Wilson				
	Name of Person					
	DAJ Concrete Services LLC					
			Firm/Company			
		6341 SW 6th Street				
			Address			
		Plantation, Florida 33317				
		City/State and Zip Code wilberforce33313@gmail.com				
		E-mail address: (t	o be used for future annual report notif	ication)		
For further in	nformation co	oncerning this matter, please ca	itt:			
David Wilso)n		954 278-4798 at ()			
Name of Person				e Telephone Number		
Enclosed is a	a check for th	e following amount:				
□ \$25.00 F	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 enclose		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAJ Concrete Services LLC

(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 July	22, 2019
Florida document number 1.19000187404		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company her	<u>re</u> :
DAJ Construction LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de-	signation "LLC" or the abbreviat
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		our records, <u>enter the na</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florie	da street address
		, Florida
	Cuy	Zip Ce

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered As

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each peor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	$\underline{\mathbf{r}}$
AMBR	Shannon R. Bingham	7302 Pinehurst Drive Boynton Beach FL 33426	
			l
			[
			
			01
			O .
			R
			c

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the se 90th day after the record is filed.
Date	d September 10 2019
	Signature of a member or authorized representative of a member
	David Wilson
	David wiisofi

Typed or printed name of signee

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Filing Fee: \$25.00