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(Requ	estor's Name)	
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Name Change

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COVER LETTER

	Registration Section Division of Corpor				
SUBJEC	T:	Campbel Name of Limi	15 Concrete & 1	Morc	
The encle	osed Articles of An	iendment and fee(s) are subr	nitted for filing		
Please re	turn all corresponde	ence concerning this matter t	o the following:		
		5	Name of Person		
		Campb	Firm/Company	& More	
		128	O Floral Way	•	
		Apop	Kn FL 32:	703	
		E-mail address: (0	1Allen 59 @ Gman lobe used for future annual report notifi	cation)	
For furth	er information conc	erning this matter, please ca	II:		SE 20 20
	Sc-16 Name of Po	sample!	at (<u>321</u>) <u>279</u> - Area Code Daytime	Telephone Number	HAY 15
Enclosed	t is a check for the f	ollowing amount:			D RESTA
\$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) 	(,)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Campbells	Attorduble Creations LLC
(<u>Name of the Limited I</u> (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on 11-13-2019 and assigned 2689
This amendment is submitted to amend the following	រុបតិ៍:
A. If amending name, enter the new name of the	Concrete & More LLC s "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicabl	
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	20 20
(Mailing address MAY BE A POST OFFICE BO	M F thin
n II	stered office address on our records, enter the name of the new registere
B. It amending the registered agent and/or regi agent and/or the new registered office address h	nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida
	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	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Λ ὐ d
			□Remove
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El CC Alic.	and the if ask washing the date of fillings
If an effect Note: 11	tive date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	May 11 2020
Dated	
Dated _	last (M)
Dated _	Squature of a member or authorized representative of a member

Filing Fee: \$25.00