LZ0000006428

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| · |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: PROMAX Concrete And Remodeling LLC Name of Limited Liability Company | _ |
|--|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filling. | |
| Please return all correspondence concerning this matter to the following: | |
| Jesse Maxwell Mclaughlin Name of Person | <u></u> |
| Promax concrete and Remodeling LL Firm/Company | . <u>c</u> |
| 173 Sunshine Dr Address | |
| Palm Harter FL 34684 | |
| E-mail address: (to be used for future annual report notification) | _ |
| For further information concerning this matter, please call: | |
| Name of Person at (727) 565-864/ Area Code Daytime Telephone Num | ımber |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status | 00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Sui | ite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Promax concrete and | remodeling, LL | <u>C</u> |
|--|---|--------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | ability Company) | |
| The Articles of Organization for this Limited Liability Company v | were filed on $12/30/1019$ | and assigned |
| Florida document number 1200000 6428 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| N/Δ | | |
| The new name must be distinguishable and contain the words "Limited Liability" | ty Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A | 20 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | PH |
| 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 office ac | ddeser on our records onton the n | ame of the new registers |
| agent and/or the new registered office address here: | duless on our records, enter the in | ame of the new registere |
| A. C. | | |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | A | |
| | Enter Florida street address | 4/.4 |
| | City, Florida | 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 |
|--------------|---------------------|---------------------|---------------------|
| MGR | STEVEN M. Schreppel | 1401 Burry St Clear | water FL 33756 BAdd |
| | | | □ Remove |
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| Effec | tive date, if other than the date of filing: |
| n an e Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| | ment's effective date on the Department of State's records. |
| | |
| e reco | ord 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 |
| rd is I | |
| | |
| Dated | June 10th 2020 |
| | June 10020 |
| | ////13a //// a/A44/6//// . |
| | Signature of a member of authorized representative of a member |
| | |
| | Jesse McLaughlin |

Filing Fee: \$25.00