

120000055892

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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2022 FEB 25 PM 2:12
CLERK OF SUPERIOR COURT
PORTLAND, OREGON

Amend/Name Change

MAR 15 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mann's Concrete LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beady Mann
Name of Person

The Mann's Concrete LLC
Firm/Company

2600 Shad Lane
Address

Geneva FL 32732
City/State and Zip Code

beady.themann@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beady Mann at (407) 687-9320
Name of Person Area Code Daytime Telephone Number

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2022 FEB 25 PM 2:12

Enclosed is a check for the following amount:

- Checked: \$25.00 Filing Fee
Unchecked: \$30.00 Filing Fee & Certificate of Status
Unchecked: \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
Unchecked: \$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**

FILED
2022 FEB 25 PM 2:12
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Mann's Concrete 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 02/19/2020 and assigned Florida document number L20000055892.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MANNMADE CONSTRUCTION LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2600 Shad Lane
(Principal office address MUST BE A STREET ADDRESS) Geneva FL 32732

Enter new mailing address, if applicable: P.O. Box 823
(Mailing address MAY BE A POST OFFICE BOX) SANFORD FL 32772

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 here:

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|-----------------------------------|---|
| MGR | Christina Griffith | P.O. Box 823 Sanford, FL 32772 | <input checked="" type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |

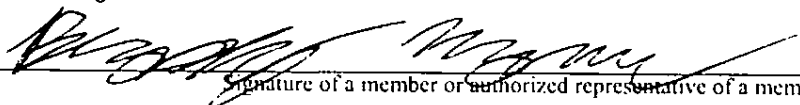
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(This area contains horizontal lines for amending information.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February sixteenth, 2022.



Signature of a member or authorized representative of a member

Brady Mann

Typed or printed name of signee