## L20 000062778

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



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF :

| Cement Brothers, LLC                                                                                      |                                                                                |                              |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------|
| ( <u>Name of the Limited Liabi</u><br>(A Florid                                                           | llty Company as it now appears on our records<br>da Limited Liability Company) | )                            |
| The Articles of Organization for this Limited Liability                                                   | Company were filed on 02/25/2020                                               | and assigned                 |
| Florida document number L20000062778                                                                      |                                                                                |                              |
| This amendment is submitted to amend the following:                                                       | <del></del> '                                                                  |                              |
| A. If amending name, enter the new name of the lin                                                        | nited liability company here:                                                  |                              |
| The new name must be distinguishable and contain the words "Lin                                           | mited Liability Company," the designation "LLC"                                | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                       |                                                                                |                              |
| Principal office address MUST BE A STREET ADD                                                             | (RESS)                                                                         |                              |
|                                                                                                           |                                                                                |                              |
|                                                                                                           |                                                                                |                              |
| Enter new mailing address, if applicable:                                                                 |                                                                                |                              |
|                                                                                                           |                                                                                |                              |
| Mailing address MAY BE A POST OFFICE BOX)                                                                 |                                                                                |                              |
|                                                                                                           |                                                                                |                              |
| 3. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter t</u>                               | he name of the new regist    |
| Name of New Registered Agent:                                                                             |                                                                                |                              |
| New Registered Office Address:                                                                            |                                                                                |                              |
|                                                                                                           | Enter Florida street address                                                   |                              |
|                                                                                                           | , Flor                                                                         | ida                          |
|                                                                                                           | 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 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          | Josh McLennan | 2035 HOWELL BRANCH RD, MAITLAND, FI |                |
|              |               |                                     | <b>57</b> 5    |
|              |               |                                     | □Change        |
|              |               |                                     | □Add           |
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| 2035 HOWELL BRANC                                                                                     | H RD, MAITLA                            | ND, FL 32751                          | <del></del> _                | <del></del> ,            |                                               | - <del></del>          |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|------------------------------|--------------------------|-----------------------------------------------|------------------------|
| Unly                                                                                                  | adding                                  | Josh                                  | ρ                            | Milannen                 | 10                                            | the                    |
| Coment                                                                                                | Beither.                                | LLC.                                  | 45                           | Mil annan                | م رما                                         | rember.                |
|                                                                                                       |                                         |                                       |                              |                          |                                               |                        |
|                                                                                                       |                                         | <del></del>                           | — <del>—</del>               |                          | · · · · · ·                                   |                        |
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|                                                                                                       |                                         |                                       |                              |                          |                                               |                        |
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|                                                                                                       |                                         |                                       |                              |                          | ,                                             |                        |
|                                                                                                       |                                         | <del></del>                           |                              |                          |                                               |                        |
| effective date, if other than effective date is listed, the date in this ment's effective date on the | must be specific an<br>s block does not | d cannot be prior<br>meet the applica | to date of fi<br>able statut | ling or more than 90 day | (optional<br>ys after filing<br>its, this dat | g.) Pursuant to 605.01 |
| ord specifies a delayed effe<br>filed.                                                                | ctive date, but no                      | t an effective ti                     | me, at 12:                   | II a.m. on the earlier   | of: (b) T                                     | he 90th day after t    |
| d <u>May 27</u>                                                                                       |                                         | , 2021                                | <u> </u>                     |                          |                                               |                        |
|                                                                                                       | 01                                      | 6                                     |                              |                          |                                               | •                      |
|                                                                                                       | Signature of a                          | member or autho                       | rized repre                  | sentative of a member    |                                               | <del></del>            |

. . . .

Filing Fee: \$25.00