## L20000 102543

| (Re                                     | questor's Name)    |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Address)                               |                    |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | isiness Entity Nan | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
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AMUNDA

I ALBRITTON

## COVER LETTER

| TO: Registration 8<br>Division of Co          |   |   |   |  |  |  |
|---|---|---|---|--|--|--|
|   | icrete LLC                                      |   |   |  |  |  |
| SUBJECT:Name of Limited Liability Company     |   |   |   |  |  |  |
| The enclosed Articles o                       | f Amendment and fee(s) are sub                  | omitted for filing.   |   |  |  |  |
|   | ondence concerning this matter                  | •   |   |  |  |  |
|   | Andrew C. Anderson                              |   |   |  |  |  |
|   |   | Name of Person  |   |  |  |  |
|   | Firm/Company                                    |   |   |  |  |  |
|   | 2665 Donna Dr                                   |   |   |  |  |  |
|   |   | Address   |   |  |  |  |
|   | Titusville, Fl. 32796                           |   |   |  |  |  |
|   | anaconcretelle@gmail.com                        | City/State and Zip Code   |   |  |  |  |
|   | E-mail address: (                               | to be used for future annual report not                                   | ification)  |  |  |  |
| For further information                       | concerning this matter, please c                | all:  |   |  |  |  |
| Andrew C. Anderson                            |   | 321 507-3677  |   |  |  |  |
| Name of Person                                |   | Atea Code Daytin  | ne Telephone Number   |  |  |  |
| Enclosed is a check for                       | the following amount:                           |   |   |  |  |  |
| ■ \$25.00 Filing Fee                          | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| Mailing Addre                                 | <del></del>                                     | Street Address:   | at  |  |  |  |
| Registration Section Division of Corporations |   | Registration Section Division of Corporations                             |   |  |  |  |
| P.O. Box 6327                                 |   | The Centre of Tallahassee   |   |  |  |  |
| Tallahassee, FL 32314                         |   | 2415 N. Monroe Street, Suite 810  |   |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A&A Concrete LLC  |  |                              |
|---|--|------------------------------|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Lmut         | npany as it now appears on our recorded Liability Company) | <u>s.</u> )                  |
|   |  |                              |
| The Articles of Organization for this Limited Liability Compa         | my were filed on <u>04/14/2020</u>                         | and assigned                 |
| Florida document number 1.20000102543                                 |  |                              |
|   |  |                              |
| This amendment is submitted to amend the following:                   |  |                              |
| A. If amending name, enter the new name of the limited li             | ability company here:                                      |                              |
|   |  |                              |
| he new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC"                    | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                   |  |                              |
| • • •   |  |                              |
| Principal office address MUST BE A STREET ADDRESS)                    | <del></del>  | . ~                          |
|   | · · · ·  | <del></del>                  |
|   |  |                              |
| Enter new mailing address, if applicable:                             |  | 22                           |
| Mailing address MAY BE A POST OFFICE BOX)                             |  |                              |
|   |  | <u> </u>                     |
|   |  | ••<br>                       |
| 3. If amending the registered agent and/or registered offic           | ce address on our records, <u>enter i</u>                  | the name of the new regis    |
| gent and/or the new registered office address here:                   |  |                              |
|   |  |                              |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  |  |                              |
|   | Enter Florida street address                               |                              |
|   | Flo  | orida                        |
| <del></del> _   | 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 Keshia L. Anderson | Keshia L. Anderson | 2665 Donna Dr        |                |
|                        |                    | Titusville, FL 32796 |                |
|                        |                    | <del></del>          | □Change        |
|                        |                    |                      |                |
|                        |                    | <del></del>          | □Remove        |
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|                        |                    | □Remove              |                |
|                        |                    |                      | □Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 June 19 ignature of a member or authorized representative of a member Andrew C. Anderson Typed or printed name of signee