## L20 000 121176

(Requestor's Name)
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(Business Entity Name)
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A + R Concrete Cotting + Coring 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:	
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:  Avery Chadecick Pobinson  Name of Person	
A + R CONCrete Cutting + Coring LLC	
7147 Melvin Rd Address	
Jacksonville, FL 32210 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call;	
Avery C Robiuson at (904) 667 - 2032  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
IV \$25.00 Filing Fee	

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

0 0 .			6
Name of the Limited Lightling	Ng + Coring LL	C	
A R Concrete Cutti (Name of the Limited Liability (A Florida I	imited Liability Company)	our records.)	CE.
The Articles of Organization for this Limited Liability Co	anpany were filed on May	05/2020	_ and assign <b>दे</b> ।
Florida document number <u>L 2000 121176</u>	· -·	,	9
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
A+R Concrete Cutting, Co	·	LC ation "LLC" or the abbres	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
		**************************************	<del></del> -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
R. If amonding the perintened amond at 1/2 and 1/2	50° 1.4	_	
B. If amending the registered agent and/or registered c agent and/or the new registered office address here:	office address on our recore	ls, <u>enter the name o</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sir	vet address	
		, Florida;	
	City	,	Sip 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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VP/AMBR	Roderick FRobinson	•	□Add
•		7147 Melvin Rd Jac	KSONVILLE, FL 32210 VRemove
		-	□Change
			□Add
		-	□Remove
			□Change
			□Remove
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leetiv	re date, if other than the date of filing: (optional)
n effec s <u>te:</u>	cane, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The S	90th day after the record is filed.
ted	Wed, June 3d 2000
	And Charles El