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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

A		FLORIDA BLASTING LLC			
SUBJECT		Name of Lim	ited Liability Company	<u></u>	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		JASON D VARNUM			
			Name of Person		
		CENTRAL FLORIDA BL	ASTING LLC		
			Firm/Company		
		3009 YOUNGS RD.			
			Address	·	
		LEESBURG, FL 34748			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report	notification)	
For further in	formation c	oncerning this matter, please c	all:		
JASON D V	ARNUM		ot (
	Name o	f Person	at () Area Code Day	time Telephone Number	
Enclosed is a	check for the	he following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg	ling Address	Section	Street Address Registration	Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA BLASTING 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	y were filed on	and assigned	
Florida document number		- 16	
This amendment is submitted to amend the following:		47 · · ·	
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our recor	ds, enter the name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	•	Zip Coate	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change	ree to act in this capa e performance of my o provided for in Chap e address, I hereby co	duties, and I am familiar with and ter 605, F.S. Or, if this document is onfirm that the limited liability	

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	JASON D VARNUM	3009 YOUNGS RD	□Add
		LEESBURG, FL 34748	□Remove
			■ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			🗀 Add
		-	□Remove
			□Change

D. If amending any other informa-	tion, enter change(s) here	: (Attach additional she	ets, if necessary.)	
			<u> </u>	
				
		· · · · · · · · · · · · · · · · · · ·		
				 -
		•		
		<u>-</u>		
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the December 1997.	st be specific and cannot be prior ock does not meet the applic	to date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pursuan ements, this date will not	at to 605.0207 (3)(be listed as the
If the record specifies a delayed effective record is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th d	ay after the
Dated	. 2020	> .		
	Signature of a member or author	orized representative of a me	nber	
JASON D VARNUM				
	Typed or printe	ed name of signee		

Filing Fee: \$25.00