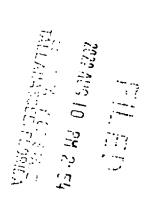
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(Requestor's Name)
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• COVER LETTER

	tegistration Sec Division of Corp							
SUBJEC	RJ SMITH CONSTRUCTION LLC							
SUBJEC	·	Name of Limited Liability Company						
The enclo	sed Articles of A	Amendment and fee(s) are sub	omitted for filing.					
Please reti	um all correspo	ndence concerning this matter	to the following:					
		RUBEN SMITH						
			Name of Person					
			Firm/Company					
		2022 AUS 10						
			Address					
	10 24							
City/State and Zip Code RUBENSMITH1961@GMAIL.COM								
For furthe	r information of	E-mail address: (oncerning this matter, please co	to be used for future annual report notification)	2:54 Egytta				
RUBEN S		meering this matter, prease c	772 672-0361					
	Name of	Person	Area Code Daytime Telephone Nu	nber				
Enclosed i	is a check for th	e following amount:						
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy fional copy is enclosed)				
F C P	Mailing Address Registration Solivision of Co P.O. Box 632 Fallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ SMITH CONSTRUCTION LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on JULY 22, 2020 and assigned
Florida document number L20000214650	-·
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limite	ed liability company here:
RJ SMITH CONCRETE & BLOCK LLC	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	<u> </u>

Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new regist
gent and/or the new registered office address here:	
None of New Degistered Agent.	
Name of New Registered Agent:	
New Registered Office Address:	Even El vida de la 11
	Enter Florida street address
	, Florida
	CHV ZID COAP

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			Change
			□Add
			Remove
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anting data if other than the data of file			(
ective date, if other than the date of filing: affective date is listed, the date must be specific and cannot be p	prior to date of fili	ng or more than 90 da	ys after filing.)	Pursuant to 605.02
te: If the date inserted in this block does not meet the ap nument's effective date on the Department of State's reco		y filing requiremen	nts, this date	will not be listed:
cord specifies a delayed effective date, but not an effective filed.	ve time, at 12:01	a.m. on the earlie	rof:(b) The	e 90th day aft e r th
ed				
11 1 - 1 1	 -			
		ntative of a member		