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2021 SEP -1 PM 8: 01

COVER LETTER

Division of C	orporations				
Trademai	k Concrete, LLC.				
30b3EC1	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	Richard W Laxton Jr.				
	 	Name of Person			
	Trademark Concrete, LLC				
		Firm/Company			
	1411 NW 19th St.				
	·····	Address			
	Crystal River, Fl. 34428				
	rlaxton@tmarkhomes.com	City/State and Zip Code			
		to be used for future annual report notifica	ntion)	2021	
For further information	concerning this matter, please concerning this matter, please concerning this matter.	all:	7.	2021 SEP -	
Richard W Laxton Jr.		352 302-2883 at ()	7.5	□.	er ven ussen
Name	of Person		elephone Number	PH 8: 0	
Enclosed is a check for	the following amount:		**;; [**;	: 5 9	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & oy	
Mailing Addr	<u>ess:</u>	Street Address:			

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Trademark Concrete, LLC.			
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited 1	Liability Compa	ny were filed on 9/18/2020	and assigned
Florida document number 1.20000294677			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
n/a			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		n/a	DZI SEP
Mailing address MAY BE A POST OFFICE	(BOX)		<u> </u>
			Ø <u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		ce address on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:	n/a		
Name of New Registered Argent.		·	_
New Registered Office Address:	n/a ——————	Enter Florida street addr	
		nner r toriaa street daar	ress
			Florida
		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>	<u>Address</u>	Type of Action
ambr	Tim Ecker	4697 W. WHEATFIELD LANE	
		DUNNELLON, FL 34433	■Remove
			□Change
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00