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2022 MAR 29 AH 7: 53 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS APR 1 2 2022

, COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

subject: <u>A// A/</u>	Merican Dece Name of Lin	ZA FIVE CACIE-LE A iited Liability Company	nd Resurfacing LLC
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kenne-Hh-	HARVEY Name of Person	
	All American L	DECUZATIVE CONCLETE, Firm/Company	and RESUMFACING LLC
	30385W6	Address	·
	Arcadia FI	3 4266 City/State and Zip Code e SICN Concrete (1) to be used for future annual report noti	
	AUFINEYICAN D E-mail address: (to be used for future annual report noti	GM, I. COM fication)
	oncerning this matter, please c		
Kenneth HA.	RVEY Person	at (<u>863</u>) <u>657</u> - Area Code Daytim	5000 e Telephone Number
Carland is a about for th			
Enclosed is a check for th ☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
1.0. DOX 032	,	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 2022 MAR 29 AM 7: 53

If Changing Registered Agent, Signature of New Registered Agent

The Articles of Organization for this Limited Liability Company were filed on ALDOR ADDE and assigned Florida document number \$\allow{L} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	All AMPTICAN Decor A FIVE Conc (Name of the Limited Liability Com (A Florida Limited	NCHE AND RES	PORTA FOR OF STATI	E
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address 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	(A Florida Limite	ed Liability Company)	of harries and	
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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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				
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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	New Registered Agent's Signature, if changing Registered Ager	nt:		
company has been notified in writing of this change.	provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	ete performance of n es provided for in C	ny duties, and I am famil hapter 605, F.S. Or, if th	liar with and is document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kenneth HARVEY	3038 SWGATER TVA. 1 AVGROIA, FL	<u>. </u> X (́∧dd
			Remove
			Change
			□Add
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). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
A	s of MARCH 15 2022 OWNER Ship of 25%
<i>/</i>	5 of MARCH 15 2012 OWNERShip of 2590 EGIVEN to KENNETH HARVETO F IL AMERICAN DECORATIVE CONCRETE AND RECORFACING LLC
<u>/ -</u>	A CONTRACTOR TO THE THE THE TOTAL TO THE TOTAL TO THE THE THE TOTAL TO THE
A	11 AMERICAN DECORATIVE CONCRETE AND RECORTAGING LAC
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Note: If	the date, if other than the date of filing: MAYCI 15 303 (optional) (optional) (ive 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) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
the record cord is filed	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 l.
Dated 🛭	March 21 2022
	Describer Hamson Halvey DENISE HANSON HALVEY Typed or printed name of surnee
	Signature of a number of authorized representative of a member
	DENISE HANSON HARVEY
	Typed or printed name of signee

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