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(Requestor's Name)	
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2022

STACEY ROSS

217 BUFFETT LN WEST MELBOURNE, FL 32904

SUBJECT: LEGACY CONCRETE LLC Ref. Number: L21000132919

We have received your document for LEGACY CONCRETE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

P22000021988

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams EXECUTIVE ASSISTANT

Letter Number: 422A00024253

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COVER LETTER

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. . . TO: **Registration Section Division of Corporations**

Legacy Concrete LLC SUBJECT:

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:

	Stacey Ross		
		Name of Person	<u> </u>
	Legacy		
		Firm/Company	·····
	217 Buffett Ln		
		Address	
	West Melbourne, Fl. 329	й	
	City/State and Zip Code		
	Stacey @LSSurfacing.com		
	E-mail address: (to be used for future annual report noti	ification)
For further information e	oncerning this matter, please e	all:	
Stacey Ross		805 276-2564 at ()	
Name o	l Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	L \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Common A defension	

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

Legacy Concrete LLC	
(<u>Name of the Limited Liability Company</u> a (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000132919</u> .	ere filed on 03/22/2021 11 3 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
LOUBOUSCAPUS LLE LPAACIL OUTANTS	idutions LLC
The new name must be distinguishable and contain the words "Limited Liability	Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u>م</u> : •
	0
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ب</u>
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		· =
New Registered Office Address:	Enter Florida street addr	233
	, H	Florida 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 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>	Name	<u>Address</u>	<u>Type of Action</u>
MGR	Patrick L. Ross		🗆 Add
		217 Buffett Ln West Melbourne F1.37	Remove
			 □Change
			🗆 Add
			🗆 Remove
			Change
			🖸 Add
		<u></u>	
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			🗆 Remove
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			🖾 Add
			🗆 Remove
			□Change
·	. <u></u>		CIAdd
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

AUGUST, 7 Dated	November 3, 2022.
	Statue RDS Signature of a member or authorized representative of a member
	Stacey Ross

Typed or printed name of signee