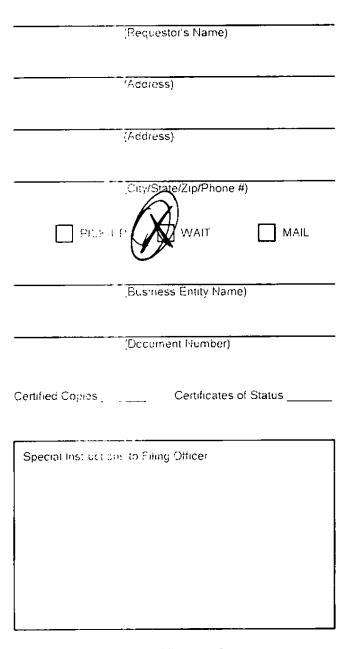
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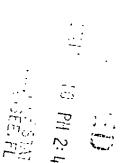




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## COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: JCK (ustom Concrete LLC  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:
Joseph (Kolosenthy) Name of Person
JCK Custom Concrete  Firm/Company
9415 pontiac st
Dew Port Licky FL 34654  City/State and Zip Code  JC W Custom Concerte and Comment of Comments of Comm
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 367 - 2583  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status & Certified Copy Certified Copy  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)

Registration Section

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

The Articles of Organization for this Limited Liabi Florida document number	lity Company were			and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of th	e limited liability	company here:		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le: _	ompany," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u></u> <u>0x)</u> _ -			
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office add <u>here</u> :	lress on our reco	ords, enter the nar	ne of the new registere
Name of New Registered Agent:  New Registered Office Address:			S+ a street address	
	MC MAG	City	, 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, Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager

MBR = Au	thorized Member		
<u>itle</u>	Name	Address	Type of Action
MBQ	Joseph Galasensky	9415 portiac & New port licher	JL ZAdd
			□Remove
			□Change
MGR	Joseph Koleszasky	1800 9415 portor of war port liche	Add Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	100K does not meet me abbuenous	(optional)  ste of filing or more than 90 days after filing.) Pursuant statutory filing requirements, this date will not be	to 605.0207 (3 be listed as th
t the record specifies a delayed effecti ecord is filed.	ve date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
Dated 5/10/2021	·		
-	21 A		
	Signal of a mamber of authoris	and representative of a member	