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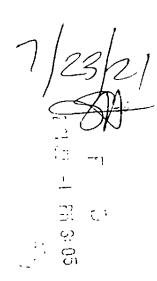
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: FIRST CO	AST STONE, LLC Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- ondence concerning this matter		
	JASON P. LASSEL	Name of Person	
	FIRST COAST STONE, I	.L.C Firm/Company	
	2139 WEST SR 434 SUIT	E 101 Address	
	LONGWOOD, FL 32779	City/State and Zip Code	
For further information c	tallen@concreteerectors.con E-mail address: (i concerning this matter, please ca	to be used for future annual report notif	fication)
Gus R. Benitez Name o	of Person	at (407) 399-7120 Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	etion

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST COAST STONE, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>5/3/21</u>	and assigned
Florida document number <u>L21000203996</u>	→ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
maning agares, mili bent out of the bong		
	_	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	r
	, Flo	orida
	City	Zin 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>	Name	Address	Type of Action
MGR	Thomas F. Allen	321 Spring Hollow Blvd. Apopka, Florida 32712	= Add
			□Remove
			Change
MGR	Danny R. Jones	531 Meadow Sweet Circle Osprey, Florida 34229	■Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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ective date, if other (than the date of	filing: 6/15/2021		(c	optional)	
n effective date is listed, th	e date must be speci	ific and cannot be pric	or to date of filing o	r more than 90 days	after filing.) Pursuant to 60, this date will not be lis	5.0207
cument's effective date	on the Departmen	nt of State's record	S.	ing requirements.	tins date with not be its	ica as
	d effective date, b	ut not an effective	time, at 12:01 a.i	n. on the earlier o	f: (b) The 90th day after	er the
s filed.						4.1
red June 15		, 2021	·			-7
	1	1/				<u></u> '.
	Signatur	e of a member or aut	horized representat	ive of a member	<u></u> -	
	20.5					. :
	jason	lascal	nted name of signe		· ·	

Filing Fee: \$25.00