L210000351548

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SECRETARY OF STATE

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COVER LETTER

Registration Section **Division of Corporations**

B&B Dirt '	Works LLC		
<u></u>	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	Ann C Brooks		
		Name of Person	
	Ann C Brooks CPA PA		
		Firm/Company	
	9302 N Century Blvd.		
		Address	
	Century, FL 32535		
		City/State and Zip Code	
	annbepa@att.net		202 SEC T
		to be used for future annual report notification)	024 I ECR TAL
or further information c	oncerning this matter, please c	all:	LAY LELN
nn C Brooks		850 256-2999 at ()	IB IAS
Name o	f Person	Area Code Daytime Telephon	2024 NOV 18 AH II: 49 SECRETARY OF STATE TALLAHASSEE, FL
nclosed is a check for the	he following amount:		AVE 49
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	860.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

B&B Dirt Works LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on June 1, 2021 and assigned rida document number 1.21000251548 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: a new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." iter new principal offices address, if applicable: 'rincipal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new Hegistered igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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

R = Manager BR = Authorized Member

2	<u>Name</u>	<u>Address</u>	Type of Action
BR 	Michael Banks	1100 E Horner Street	
		Atmore, Al. 36502	■Remove
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			□Change
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 60 ing requirements, this date will not be lis	05.02 0 7 (3) sted as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m ord is filed.	. on the earlier of: (b) The 90th day aft	er the
Burnay an		
Signature of a member or authorized representative		

THE CALL

Typed or printed name of signee