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COVER LETTER

Division of Cor)	à		
Five Guys S	Shoterete LLC		•	•		
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Kayla Morrison					
		Name of Person				
	Five Guys Shotcrete LLC					
		Firm/Company				
	7816 Southside Blvd Apt 7	78				
		Address				
	Jacksonville, Florida 32250	6				
		City/State and Zip Code				
	E-mail address: (to be used for future annual rep	ort notificat	on)		
For further information e	oncerning this matter, please ca	all:			20	
Kayla Morrison		904 735-5 at ()	990		2021 SEP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name o	d Person		Daytime Te	lephone Number	- 2	Totale Totale 2
Enclosed is a check for the	he following amount:				ان ان ان ا	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed)	Certified	ling Fee. (3)	

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

Five Guys Shotcrete LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/03/21}{2}$ and assigned 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida _

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Earnest Davis Jr	3280 Horseshoe Trail Drive	= Add
		Orange Park, Florida 32065	□Remove
			Remove
			□Change
			□Add
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			□ Remove
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			Remove
			□Change

					
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09/01/20	21		(optional)	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be poor to	rior to date of fili dicable statutor	ng or more than 90 v filing requirem	days after filing	g.) Pursuant e will not b	to 605.0 se listed
document's effective date on the Department of State's recor		, , ,			
			:	The Other de	6= 1
e record specifies a delayed effective date, but not an effective	e time, at 12.01	a.m. on the eart	iei 01. (0) - 1	ne mu da	y anti-
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ord is filed.					
Dated August 31.	·				

Filing Fee: \$25.00