C21000263132

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COVER LETTER

TO: Registration So Division of Co			
	Concrete, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Benjamin Mowry	•	
		Name of Person	
	Southside Concrete, LLC		
		Firm/Company	
	6710 Congress Ave Apt 21	0	
		Address	
	Boca Raton, FL 33487		
		City/State and Zip Code	
	southsideconcretellc@gmai	l.com to be used for future annual report noti	(fration)
For further information of	concerning this matter, please c	-	incanony
Benjamin Mowry		561 561-9043	
Name (of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addre		Street Address: Registration Se	etion
Registration Division of O		Division of Co	
P.O. Box 631	•	The Centre of 1	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southside Concrete, LLC	The second secon	<u> </u>
(Name of the Limited Lindlity Co (A Florida Limi	mpany as it now appears on our records ited Liability Company)	<u>15</u>
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/07/2021	and assigned
Florida document number L21000263632	•	
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
StoneEdge Solutions, LLC		
The new name must be distinguishable and contain the words "Limited I	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		·
Principal Office address MOST BE A STREET ADDRESS		()
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		(7)
		C)
B. If amending the registered agent and/or registered off	See address on our records enter:	the name of the new regis
b. It amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records, enter	the name of the new regis
N. CN. D. L. IA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	ŗ.
	, Flo	orida
	City	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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
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ective date, if other than the neffective date is listed, the date muste: If the date inserted in this blument's effective date on the D	t be specific and o ock does not me	cannot be prior to cet the applical	o date of filing or	more than 90 days af	ter filing.) Pursuant to 6	605.02 isted
ecord specifies a delayed effectiv s filed.	e date, but not a	n effective tin	ne, at 12:01 a.π	i. on the earlier of:	(b) The 90th day a	fler th
November 15th	,	2024	-·			
Bonjamin Ma						
Bonjamun 1/10					<u></u> .	