## L21000372932

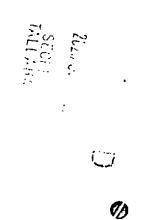
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Oit)/Otato/Etp// Hone wy               |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE                                |
| JUL 2 6 20% a                           |
|   |
|   |
|   |

Office Use Only



500409737245

0. .... -0001: --Coa \*\*0:.00



## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |   |    |
|--|--|---|---|----|
| SUBJECT: LOW                           | boy Concrete Name of Lim                     | e by Pootrick M<br>ited Liab Hity Company                           | uller and Lee Keit  | 4  |
|  | Amendment and fee(s) are sub                 | _   |   |    |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |    |
|  | hee k  | Name of Person  | ····  |    |
|  | Caubay                                       | Concrete by L   | ee Keith  |    |
|  | 17 Ohi                                       | O Street Address  |   |    |
|  | Cocoa  | City/State and Zip Code   | <u>)                                    </u>  |    |
|  | Lee Ke, L<br>E-mail address: (               | n towing 094260   | Mail-CON  |    |
| For further information c              | oncerning this matter, please ca             | all:  |   | ₩, |
| Lee K                                  | LI LIN<br>I Person                           | at ( <u>321</u> ) <u>Lo Lolo lo</u><br>Area Code Daytim             | - DU 83<br>e Telephone Number   |    |
| Enclosed is a check for the            | ne following amount;                         |   |   |    |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

|   |   | 2027                |             |
|---|---|---------------------|-------------|
|   | Complex Concrete by Patrick V                           | moller and L        | Re Keith    |
|   | (Name of the Limited Liability Company as it now appear | rs on our records.) | <del></del> |
| _ | · · · · · · · · · · · · · · · · · · ·                   | 1/40-22             | <b>,</b>    |

| The Articles of Organization for this Limited Liability Company   | were filed on Mc         | u / 2023 and assigned                    |             |
|---|--------------------------|--|-------------|
| Florida document number <u>L21000 372932</u>  |                          | l  |             |
| This amendment is submitted to amend the following:   |                          |  |             |
| A. If amending name, enter the new name of the limited liab   | ility company here:      |  |             |
| Cauboy Concrete bu  | 1 Lee Keit               | -h LLC.                                  |             |
| The new name must be distinguishable and contain the words "Limited Liabil  | ty Company," the designa | ation "LLC" or the abbreviation "L L C " |             |
| Enter new principal offices address, if applicable:   |                          |  |             |
| (Principal office address MUST BE A STREET ADDRESS)   | ••                       |  | <del></del> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                |                          |  | <del></del> |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our record    | ds, enter the name of the new regi       | <br>stere   |
| Name of New Registered Agent:   |                          |  |             |
| New Registered Office Address:  | Enter Florida str        | reet address                             |             |
|   |                          | . Florida                                |             |
|   | Сцу                      | 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

| Title | Name           | Address   | Type of Action |
|-------|----------------|---|----------------|
| AMBR  | Patrick Muller | 710 Linden De.                                  |                |
|       |                | 710 Linden De.<br>Winter Spring's<br>Fla. 32708 | Remove         |
|       |                | Fla. 32708                                      | ☐ Change       |
|       |                |   |                |
|       |                |   | □Remove        |
|       |                |   | □ Change       |
|       | ·              |   | □ Add          |
|       |                |   | Remove         |
|       |                | <del></del>                                     | Change         |
|       |                |   | □ Add          |
|       |                |   | □Remove        |
|       |                |   | Change         |
|       |                |   | DAdd           |
|       |                | <del></del>                                     | □ Remove       |
|       |                |   | ☐ Change       |
|       |                |   |                |
|       |                |   | _              |
|       |                |   | □ Chance       |

| _                  |  |
|--------------------|--|
|                    |  |
| _                  |  |
| _                  |  |
| _                  |  |
|                    |  |
|                    |  |
|                    | ······································   |
| _                  |  |
| _                  |  |
| _                  |  |
| _                  |  |
|                    |  |
|                    |  |
| _                  |  |
| _                  |  |
| _                  |  |
|                    |  |
| ffecti             | we date, if other than the date of filing: $\frac{5/\partial \omega/\partial \omega}{3}$ (optional)  |
| ote:               | etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records. |
| record<br>Lis file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the ed.  |
|                    | 5/26/2023  |
| aled _             |  |
| ated _             | ye/Co  |
| aled _             | Signature of a member or authorized representative of a member   |
| Dated _            | Signature of a member or authorized representative of a member  Lee Lei Typed or printed name of signee  |

## COVER LETTER

| Division of Corporation               | 5                                     |   |  |
|---------------------------------------|---------------------------------------|---|--|
| subject: <u>Cowboy</u>                | Concrete Name of Lim                  | e by Postrick M<br>ited Liability Company                           | uller and Lee Keit   |
| The enclosed Articles of Amendm       | ent and fec(s) are sub                | mitted for filing   |  |
| Please return all correspondence co   | oncerning this matter                 | to the following:   |  |
|                                       |                                       | Name of Person  |  |
|                                       | Cawbay                                | Concrete by L   | ee Keith   |
|                                       | 17 Ohi                                | O Street<br>Address   |  |
|                                       | Cocoa                                 | Fla. 32924<br>City/State and Zip Code                               | )  |
|                                       |                                       | h to be used for future annual report hou                           |  |
| For further information concerning    | this matter, please ca                | all:  |  |
| Lee Keit<br>Name of Person            | <u> </u>                              | at ( <u>321) Lo Lo Lo</u><br>Area Code Daytim                       | - Dlo 8 Z<br>e Telephone Number  |
| Enclosed is a check for the followi   | ng amount:                            |   |  |
|                                       | .00 Filing Fee & ertificate 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 Section |                                       | Street Address:<br>Registration Sec                                 | rtion  |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| _       |                         | _                                     |                                       | 2022          | $\rightarrow \mathcal{O}$ |      |
|---------|-------------------------|---------------------------------------|---------------------------------------|---------------|---------------------------|------|
| Criobay | Concrete                | bu Pati                               | nick Mo                               | ller and      | Lee K                     | eith |
| (Name   | of the Limited Linbilit | ty Company as it<br>Limited Liability | now appears on a                      | mr. records.) |                           |      |
|         | 1                       |                                       | · · · · · · · · · · · · · · · · · · · |               |                           |      |

| The Articles of Organization for this Limited Liability Company were   | filed on May 1/45 2023 and assigned  |
|--|--|
| Florida document number <u>L21000 372932</u>   |  |
| i iorida document mantoci  |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability of  | ompany here:   |
| Cauboy Concrete by   | en Veith 110   |
| The new name must be distinguishable and contain the words "Limited Liability Co   | mpany," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |  |
|  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |
| <del></del>  |  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  |  |
|  |  |
| B. If amending the registered agent and/or registered office addressed and/or the new registered office address here:  | ss on our records, enter the name of the new register  |
| agent and of the new registered office address incre.  |  |
| Name of Nav Pagistared Aponts  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street oddress   |
|  | , Florida  |
|  | in Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |
| I hereby accept the appointment as registered agent and agree to   |  |
| provisions of all statutes relative to the proper and complete perfections of the philosophic provisions of the proper and complete perfect provisions of the proper and complete perfect perf |  |
| accept the obligations of my position as registered agent as provi<br>being filed to merely reflect a change in the registered office addi   | zea jor in Chapier 605, r.S. Or, if this document is ess. I hereby confirm that the limited liability. |
| being free to merely refree a change in the registered office add  | vos. Thereby conjunit man the manica matinity  |

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | Address  | Type of Action |
|--------------|----------------|--|----------------|
| AMBR         | Patrick Muller | 710 Linden De.                                 | □Add           |
|              |                | 710 Linden De.<br>Winter Springs<br>Flg. 32708 | Remove         |
|              |                | Fla. 32708                                     | ☐ Change       |
|              |                |  | □Add           |
|              |                |  | Remove         |
|              |                |  | □ Change       |
|              |                | · · · · · · · · · · · · · · · · · · ·          | 🗆 Add          |
|              |                |  | □ Remove       |
|              |                |  | Change         |
|              |                |  | DAdd           |
|              |                |  | Remove         |
|              |                |  | Change         |
|              |                |  | DAdd           |
|              |                |  | □ Remove       |
|              |                |  | Change         |
|              |                |  | DAdd           |
|              |                |  | □Remove        |
|              |                |  | Thanse         |

|                           | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|---------------------------|---|
| -                         |   |
| -                         |   |
| -                         |   |
| -                         |   |
| _                         |   |
|                           |   |
| -                         |   |
| -                         |   |
| -                         |   |
| -                         |   |
|                           |   |
| _                         |   |
| -                         |   |
| -                         |   |
|                           |   |
|                           |   |
| •                         |   |
| •                         |   |
|                           |   |
| (If an ef<br><u>Note:</u> | ive date, if other than the date of filing: 5/86/80 (optional) Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records. |
| e reco                    | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.  |
| Dated                     | 5/26/2025   |
|                           | Je/C  |
|                           | Signature of a member or authorized representative of a member  |
|                           |   |

• • •

Filing Fee: \$25.00