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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

subject: <u>Sout</u>	hern Concrete Name of Lin	Grinding & Cocitive nited Liability Company	gs, LLC		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	- Ryan Q	Name of Person			
		Name of Ferson			
		Firm/Company			
	789 Guy 9	Strickland Rd Address	A CLA	<b>2022</b> Di	
		e F1 32327 City/State and Zip Code		1022 DEC 29 AHTH: 5	
	E-mail address: (	to be used for future annual report notif	fication)	:5	
For further information c	oncerning this matter, please c	all:			
Loic Si	n,46	at ( <u><b>250</b></u> ) <u>40\$ - 0</u> Area Code Daytime	1299		
Name o	f Person	Area Code — Daytimo	e Telephone Number		
Enclosed is a check for the	<del></del>				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	of Status & ppy	
Mailing Addres	:ss:	Street Address:			
Registration Section		Registration Sec			
Division of C P.O. Box 632		Division of Cor			
Γ.Ο. BOX 0.52	. /	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Li	iability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $8 31 21$ and assigned
Florida document number <u>12100388171</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 Woodland Drives
(Principal office address MUST BE A STREET ADDRESS)	Crawfordville, F1 32327
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 Woodland Prive= 177 Crawfordville, FI 37327
	<u>ģ. 9</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: ECIC	Smith
New Registered Office Address: 11 We	oodland Drive Enter Florida street address
Crawfo	City Florida 32327 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
MGR	Pyan Qualls	289 Guy Stricklar	∆ □Add
		289 Gruy Stricklar Rd., Crawfordville Fl 32327	Remove
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			🗆 Add
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E. Effective date	e, if other than the	date of filin	g:			(option	al)		
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