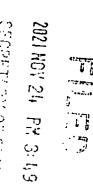
## h21000460583

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Q. SILAS	
Det 10 2021	

Office Use Only

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:		MX SLURRY LLC	
		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amanda Carr		
		Name of Person	
	BMX Slurry LLC	Name of Person  Firm/Company  Address  City/State and Zip Code  (to be used for future annual report notification)  rall:  941 268-5255  at (	
		Firm/Company	
	917 W. Olympia Ave		
		Address	
	Punta Gorda, FL 33950		
		City/State and Zip Code	
		·	dification)
For further information of	concerning this matter, please c	all:	
Amanda Carr			
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**BMX Slurry LLC** 

company has been notified in writing of this change.

2021 NOV 24 PM 3:49

( <u>Name of the Limited Liabili</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)	
	1.1.		
The Articles of Organization for this Limited Liability C		and assigned	
Florida document number 10/22/2021	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited 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 ADDI	RESS)	·	
Enter new mailing address, if applicable:	···		
(Mailing address MAY BE A POST OFFICE BOX)		·	
	<u></u>		
B. If amending the registered agent and/or registere	ed office address on our records,	enter the name of the new registe	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent			
provisions of all statutes relative to the proper and c	complete performance of my duti	ies, and I am familiar with and	

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Name	Address	Type of Action
AMBR	John Smith	917 W. Olympia Ave, Punta Gorda, FL 33950	<b>=</b> Add
			Remove
			□Change
			□Add
			Remove
			□ Change
<del></del>			□Add
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			□Change

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Effective date, if other than the fan effective date is listed, the date man in this bedocument's effective date on the I	plock does not meet the applic	cable statutory filing requ	(optional) an 90 days after filing.) Pursuar uirements, this date will not	nt to 605.0207 be listed as
record specifies a delayed effecti d is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
November 19th Dated	2021			
	1	~.		
·	7 10			
	Signature of a member or auth	orized representative of a n	nember	***************************************