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(Requestor's Name)
(Nequestor's Name)
(Áddress)
(100.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FILED

1022 APR -7 PM 4:0:

ECCRETANY OF STATE

A. BUTLER APR 2 7 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Flite Cutting S	ed Liability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Stephen	Czarnota Name of Person	
	Firm/Company	<u> </u>
al Alys	sa Drive Address	
Wakefield	MA OIR80 City/State and Zip Code	
	nota @ gmail	
For further information concerning this matter, please ca	H:	
Stephen Czarnota Name of Person	at (<u>781</u>) <u>C</u> Area Code	+39-1867 Daytime Telephone Number
Enclosed is a check for the following amount:		
✓ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address: Registration Section Division of Corporations		dress: tion Section of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Elite (utting Sei	CVICES LL C2022 APR -7 PM 4:03 Company as it now appears on our records.) SECRETARY OF STATE
(<u>Name of the Limited Liability (</u> A Florida Lii	nited Liability Company) SECDOM:
	- 1/2014 (A) 1/2012 (A
The Articles of Organization for this Limited Liability Com	spany were filed on $O(1/2022^{352E+FL})$ and assigned
Florida document number 87-4428673	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
SC Concrete Cutting Ser	vices LLC
The new name must be distinguishable and contain the words "Limited	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 ADDRES	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ffice address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
The state of the s	Enter Florida street address
	Florida
	City Zin 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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effec <u>e:</u> If	e date, if other than the date of filing:
cord 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 d.
ed _	·
	\overline{Q}
	Signifure of a member or anthorized representative of a member
	I = I