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A. BUTLER FEB 1 1 2022

COVER LETTER

TO: Registration S Division of Co			
0110 110 000	ESTMENTS LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	hmitted for filing	
		_	
riease return all corresp	ondence concerning this matte	r to the following:	
	BRANDON V. WOODW	ARD, ESQ.	
		Name of Person	
	WOODWARD, KELLEY	, FULTON & KAPLAN	
		Firm/Company	
	10 SE CENTRAL PARK	WAY, SUITE 450	
		Address	
	STUART, FL 34994		
		City/State and Zip Code	
	PMP@MPOISSON.COM	(to be used for future annual report not	rification)
For further information of	concerning this matter, please o	•	anced only
BRANDON V. WOOD	WARD, ESQ.	772 794-6544	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, l		The Centre of 1	Fallahassee be Street, Suite 810
i alialiassee, l	L J Z J L T	2413 N. MOMO	re autect, autic 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAIL INVESTMENTS LEC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 01/12/2022 Florida document number L22000027284	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
PMP AGGREGATES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb	reviation "L,L,C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida,	
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am face accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address, I hereby confirm that the limic company has been notified in writing of this change.	miliar with and this document is

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
			DAdd
			□Remove
			□Change
			□Remove
			☐ Change
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			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Effec If an ei Note:	tive date, if other than the date of filing: (optional) (fective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent'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 iled.
d is f	
rd is f	janvier 27, 2022 11:42 AM PST
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Filing Fee: \$25.00