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T. MATTHEWS FEB 23 2022

COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE	MDH Cond	crete LLC	,	•
SUBJE	UI:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Michael Howington		
			Name of Person	
		MDH Concrete LLC		
Firm/Company				
		215 Segovia Rd		
Address				
		St Augustine FL 32086		
			City/State and Zip Code	
		mdheoneretelle@gmail.com	n to be used for future annual report no	stification)
For furth	ner information c	oncerning this matter, please c		· ,
Michael	Howington		904 209-8175	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	d is a check for t	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 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		Street Address: Registration S	ection
	Division of C		Division of Co	

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**

22 FEO 14 PH 3: 14

MDH Concrete LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{1/31/2}{}$	2	and assigned
Florida document number 1.22000052134	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:	:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the desig	nation "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 agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name</u>	of the new register
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	<u>:</u>		
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete	ree to act in this cap e performance of my	acity. I further agre duties, and I am fa	e to comply with ti miliar 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
MGR	Michael Howington	215 Segovia Rd. St. Augustine FL 32086	\equiv A dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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			□Add
			🗀 Remove
			□Change
			□ Add
			Remove
			□ Change

				
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ective date, if other than the effective date is listed, the date material if the date inserted in this beament's effective date on the I	ist be specific and cannot be pri block does not meet the app	licable statutory filing re		
cord specifies a delayed effecti s filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th da	ay after the
	2022			
February 11				
ed February 11	Signature of a member of au			