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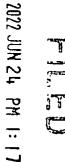
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COVER LETTER

TO: Registration Section . Division of Corporations	
SUBJECT: All-Asphalt LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Elmer Aldrich JR.	
Name of Person	
All Asphalt LLC	
5532 Chenango Blud	
Jackson Ville/Horida 32254 City State and Zip Code	
E-mail addless: (to be used for future annual report-notification)	
For further information concerning this matter, please call:	
Elmer Aldrich JR at 1904, 674-4079 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Registration Section 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

All Asi	phalt LLC2022 JUN 24 PM 1:17
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records:)
The Articles of Organization for this Limited Liability Conficing Accument number <u>L220001671</u> .	npany were filed on April 7,2022 and assigned .33
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u>ss)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City 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 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>	<u>Name</u>	Address	Type of Action
MGR	Elmer Albrich JR	5532 Chenango blud	_ ÞÁAdd
		Jacksonville, Florida	□Remove
		32254	_\XChange
MGR	Justin Lee Aldrich	9881 Bayview Ave	<u> </u>
		Jacksonville FL	_ DRemove
		32208	XIChange
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