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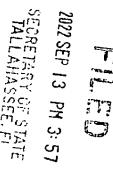
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COVER LETTER

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TO:	Registration Se Division of Cor					
e ((()) ()	ADELSO C	CONCRETE LLC				
SUBJE	C1:	Name of Lin	nited Liability Company		-	
The enc	dosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter	-			
		MORALES, ADELSO A				
			Name of Person		202 SE	
		ADELSO CONCRETE LI	LC		2022 SEP 13 SECRETARY TALLAHA	
			Firm Company		TARY OF	; ******]
		3186 ESPERANZA CT			PH C	
			Address		PH 3:57 OF STATE SEETFL	U
		IMMOKALEE, FL 34142			ं लि	
			City/State and Zip Code			
		PACKANDSHIP1237@GN			_	
			to be used for future annual report not	ification)		
For furt	her information c	oncerning this matter, please c	all:			
ADELS	SO A MORALES		239 895-5295 at ()			
	Name o	f Person		ie Telephone Numb	ber	
Enclose	d is a check for th	ne following amount:				
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy nat copy is enclosed)	
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADELSO CONCRETE LLC (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 $\frac{09/09/2022}{1}$ and assigned Florida document number 1.22000366896 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YOLANDA M LUCAS LUCAS	3186 ESPERANZA CT	□Add
		IMMOKALEE, FL 34142	■Remove
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