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(City/	State/Zip/Phon	e #)
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(Busi	ness Entity Nar	me)
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Special Instructions to Fi	ling Officer:	
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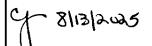




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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	TIDAL WAVE CONC	RETE, LLC	
SUBJEĆT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TANN	ER POHLMEIER	
		Name of Person	
	TIDAL WA	VE CONCRETE, LLC	
		Firm/Company	
	61	52 7TH AVE	
	 	Address	
	NEW	PORT RICHEY, FL 34653	
		City/State and Zip Code	·
		aveconcrete@gmail.com	
		to be used for future annual re	eport notification)
For further information of	concerning this matter, please concerning	all:	
RICARDO PERLAZA		407 6 at ()	70.1530
Name o	of Person	Arca Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address: Registration Section		<u>Street Ad</u> Registra	dress: tion Section
Division of (Division	of Corporations
P.O. Box 632			tre of Tallahassee
	27	The Cen	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIDAL WAVE CONCRETE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L22000433125 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 "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 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 ___, Florida __ City

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 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
AMBR	KRISTIN POHLMEIER	11274 LINDEN DR	= Add
		SPRING HILL, FL 34609	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
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fan effed <u>Note:</u> I	ctive date is listed. If the date insert	er than the date of the date of the date must be speed in this block do ate on the Departm	ecific and can es not meet	not be prior to the applicab	date of filing or	more than 90 d	_ (optional) ays after filing. ents, this date) Pursuant to 605.	.0207 (ed as 1
record d is file		yed effective date,	but not an	effective tim	e, at 12:01 a.n	i. on the earli	erof:(b) Th	e 90th day after	r the
Dated _	JUNE 9	<u> </u>		1025					
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