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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	BM Staffin	ng Solutions and Liability Company	5 LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diobe C	Name of Person	
	D \$ 111 5/0	First Schick	ions LLC
	1697 Ashi	Maddress Address	Middle Jung
	Middleburg	City/State and Zip Code Of Grand 1. CO/ to be used for future annual report	58
	Diobe & SC E-mail address:	N Grnas 1. CO1 to be used for future annual repor	77 rt notification)
For further information c	concerning this matter, please co		
Diobe C Name o	S ALRIES if Person	at (<u>305</u>) <u>72</u> Area Code D	26 - 893 C/ aytime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

Name of the Limited Liability Co	mpany as it now appears ited Liability Company)	LLC s on our records.)			
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L 22000 47 3866</u> .	any were filed on <u>//</u>	-04-2022	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	liability company he	re:			
D3M Concrete Solution The new name must be distinguishable and contain the words "Limited L.	ons LLC liability Company," the de	signation "LLC" or the abbrev	iation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	o NA				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N</u> YA		22		
			1 .		
B. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent:	ice address on our re	cords, <u>enter the name of</u>	the new registere		
New Registered Office Address:	Enter Flori	da street address			
	Florida				
	Cuy	; 1 iorida;	Sip Code		
New Registered Agent's Signature, if changing Registered Age	ent:				
I hereby accept the appointment as registered agent and oppositions of all statutes relative to the proper and complete.	•		• •		

 $M/i\alpha$

company has been notified in writing of this change.

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

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	in/k!	WA	
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Note: If the date	if other than the is listed, the date must inserted in this blottive date on the De	ock does not m	eet the applical	date of filing or mo de statutory filing	(option re than 90 days after fi requirements, this o	i al) ling.) Pursuant to 605 late will not be liste	i.0207 (3 ed as the
e record specifies rd is filed.	a delayed effective	edate, but not a	an effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	r the
Dated <u>Feb</u>	may 3	1 	2023				
	10		>				
	- Var	Signature of a m	ember or author	zed representative (of a member		