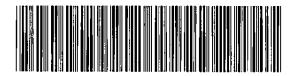


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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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10.16.23 -01020--033 **05.00







IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Monday, October 09, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: <u>C&D CONCRETE, LLC</u>

We have included payment in the amount of \$25.00 for the following fees:

Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
SUBJ	ECT: <u>C&D CO</u>	NCRETE, LLC Name of Lim	ited Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ad
			Name of Person	
		Proc	essing Department	
			Firm Company	
		1	1450 Vassar St	
			Address	
			Reno, NV 89502	
			City State and Zip Code	<u> </u>
		E-mail address; (to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please ca	all:	
	Process	ing Department	at (800 , 638-2320	
	Name o			ne Telephone Number
Enclo	sed is a check for th	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&D CONC					
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>£23000072019</u>	were filed on 02/08/23	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	illity company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	Fernandina Beach, FL 32034				
Enter new mailing address, if applicable:	85163 Lonnie Crews Rd				
(Mailing address MAY BE A POST OFFICE BOX)	Fernandina Beach, FL 32034	 			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	the name of the nev			
Name of New Registered Agent:		2023 All E			
New Registered Office Address:	Enter Florida street address	001 16			
	, Florida	rn rZip Cod₽ 13			
New Registered Agent's Signature, if changing Registered Agent:	6.				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and			

If Changing Registered Agent, Signature of New Registered Agent

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	Robert Tyler	85179 Lonnie Crews Road	Add
		Fernandina Beach, FL 32034	Remove
			Change
MGR_	Daniel Tyler	85163 Lonnie Crews Rd	
		Fernandina Beach, FL 32034	Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
		.	Remove
			Change
			Remove
			Change

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								23.7 23.7	16
record s	pecifies a d	lelayed effec	tive date,	but not ar	effective	time, at 12	2:01 a.m. c		arlier of
ne 90th	day after t	he record is	tíled.					-· , •	
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Filing Fee: \$25.00