12/20/23, 12:45 PM

Division of Corporations

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(((H23000433120 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COURTACCESS CENTERS, LLC

Account Number : 075350000541 : (813)875-1333 Fax Number : (813)200-1050

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: cggpminc@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOT & TITTLE CONCRETE LLC

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ARTICLES OF AMENDMENT Audit # H23000433120 TO ARTICLES OF ORGANIZATION

OF

JOT & TITTLE CONCRETE LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	02/24/2023	and assigned
Florida document number 1.23000087948		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		27.
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		.;
		<u>د:</u>
3. If amending the registered agent and/or registered office address on our recigent and/or the new registered office address here:	ords, <u>enter the nam</u>	c of the new regist
Name of New Registered Agent:		· '
New Registered Office Address: Enter Floride	a street oddress	
•		
	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

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ri amenung Authorized verson(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

To:

Title	Name	Address	Type of Action
AMBR/MGR	CHRISTINE M. GRIPPO	2600 40TH STREET WEST	□Add
		LEHIGH ACRES, FL 33971	
AMBR/MGR SAMUEL P GRIPPO	SAMUEL P. GRIPPO	2600 40TH STREET WEST	□Add
	LEHIGH ACRES, FL 33971	CIRemove	
			≡ Change
AMBR GRIPPO PAVEMENT MAINTENANCE INC	2600 40TH STREET WEST	□Add	
	LEHIGH ACRES, FL 33971	≅Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
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		☐Change	
		□Add	
			[]Remove
			☐ (Thange

To.

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Audit # H23000433120

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	five date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a milion the earlier of: (b). The 90th day after the lifed.
Dated	12/20/2023
	Christine M Grippo
	Signature of a member of additional state of a member
	CHRISTINE M. GRIPPO
	Typed or printed name of signee