# L23000141144

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2023 AFR -5 AH II: OF

2023 APR -5 PH 3: 46

A CUTLER APR - 6 2023 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

XAMINIER'S INITIALS:\_\_\_\_

Please use funds from this acco	ount: 120210000160: \$55.00
Authorization Signature.	John Turn
Coleman Concrete Services, LI	_C L <u>23000141144</u>
Business	Document Number
_XCertified Copy of Articles	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	X Amendment
Not for Profit	Resignation of R.A.
Officer/Director	
Limited Liability	X_ Change of Registered Agent
Domestication	Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles Statement of Authority
OTHER FILINGS	DECISTED ATION/OHALIEIC ATIONS
	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
•	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE _	Other
Country	

## **COVER LETTER**

COLEMAN CONCRETE SERVICES, LLC Firm/Company			
Address  BRADENTON, FL 34208			
·· <del>····</del>			
ng Fee, of Status & Copy opy is enclosed)			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AFR -5 AFT: 05

COLEMAN CONCRETE SERVICES, LLC

•

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Liability Co	mpany)	• • •
The Articles of Organization for this Limited I	iability Company were file	d on 3/20/2023	and assigned
Florida document number L23000141144	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office address.		n our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:	Rhonda Mayer		
New Registered Office Address:	6180 Medici Ct #109		
	1	Inter Florida street address	
	Sarasota	. Flori	da 34243
	City		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

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

J

<u>Title</u>	Name	Address	Type of Action
AR	Rhonda Mayer	6180 Medici Ct #109	
		Sarasota, FL 34243	■Remove
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove

#### Page 2 of 3

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n or at		. 41	6U			(optional)	
Note: If t	date, if other than we date is listed, the date he date inserted in the s effective date on the	his block does	not meet the a	pplicable statute	ling or more than 90 ory filing requires	days after filing.)	Pursuant to 605.0207 vill not be listed as
	d specifies a del th day after the			t not an effe	ctive time, at	12:01 a.m. o	n the earlier of
Dated Ap	ril 5	<del></del>	2023				
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	—///	Kighahara	of a member or	authorized repre-	sentative of a mem	xer	<del></del>

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Filing Fee: \$25.00