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(City/State/Zip/Phone #)

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**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MZF TRUST	1991 Industrial Drive	<input type="checkbox"/> Add
		DeLand, FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Devcon Concrete, LLC	1991 Industrial Drive	<input checked="" type="checkbox"/> Add
		DeLand, FL 32724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF REVENUE  
ART BY

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

LEWIS. J. COLEMAN

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 9 2023

Patricia R. Fitzgerald

Signature of a member or authorized representative of a member

Patricia R. Fitzgerald

Typed or printed name of signee

**Filing Fee: \$25.00**