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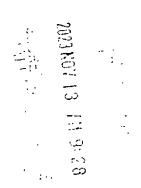
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COVER LETTER

TO: Registration S Division of Co		· •	•		
B&C Asp	hait & Concrete, LLC			•	
SUBJECT:	Name of Li	mited Liability Company		-	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	Cherianda Beauford				
		Name of Person	·	_	
	B&C Asphalt & Concrete	LLC			
		Firm/Company			
	574 Cooper Commerce D				
		Address		_	
	Apopka, FL				
	abada da Ola Barra bab	City/State and Zip Code		_	
	cherlanda@b&casphah.co: E-mail address:	n (to be used for fining annual report o	otification)		
For further information of	concerning this matter, please o	all:			. ~
Cherianda Beauford		629 202-9522			2023 NOV
Name o	f Person	Area Code Day	time Telephone Numb	er ·	
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Enclosed is a check for the \$25.00 Filing For	□ \$30.00 Filing Fee &	Checon Pill F	5		· ·
a say, so raing roc	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (addrsional copy is enclosed)	Contine	ate of Status &	. . 9:
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Malling Address		Street Address:			
Registration S Division of C		Registration 5 Division of C			

P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&C Asphalt & Concrete, LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on (19/07/2023) and assigned Florida document number 1.23000418811 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Zin 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 a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document in 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. 5 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

Title	Name	<u>Address</u>	Type of Action
MGR	Ron Levin	590 Goolsby Blvd, Unit D	□ Add
		Decrified Beach, FL 33442	🗃 Remove
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		rized representative			

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Filing Fee: \$25.00