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## **COVER LETTER**

Division of Corpor				_
SUBJECT:	urtis Cor	rcrete LL	.c (Cu	His C
-	Name of Limi	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matter (	to the following:		
	<u>Cur</u> Curt	Name of Person	Le F	20211
		Firm/Company		HAR
	19361	1 Acosta	Trailing	2021HAR 12 AM II: 54
	Dugar 10	City/State and Zip Code	F1 330472	3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
_	lyno	City/State and Zip Code  10 1963  o be used for future annual report notifi	e 9mai	
For further information conce		-	,	
Cur 4s Name of Per	TWOCY	at (305) 76 Code Daytime	F- 47.09  Telephone Number	_
Enclosed is a check for the fo	llowing amount:			
□ \$25.00 Filing Fee □	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F. Certificate of S Certified Copy (additional copy is	Status &
Mailing Address: Registration Sect	ion	Street Address: Registration Sec	ction	

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THIS CONCRETE LUC
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I Florida document number <u>L24000</u>	Liability Company were filed on <u>Fe.b.8, 2024</u> and assigned <u>DF2050</u> .
This amendment is submitted to amend the fol	flowing:
A. If amending name, enter the new name of	of the limited liability company here:
	્ર <sub>ા</sub> સ્
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:
(Principal office address MUST BE A STREE	
	SEE A SEE SEE SEE SEE SEE SEE SEE SEE SE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the name of the new registered</u> ess here:
Name of New Registered Agent:	Curtis Turocy
New Registered Office Address:	19264 ACOSTA TO
	Sugarloas Key Florida 33042
New Registered Agent's Signature, if changing	·

New Registered Agent's Signature, it 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

MGR = Manager AMBR = Authorized Member Name Type of Action □Remove AMBR Linda Hillips 19264 Acosta Trail Sujarloof Key 33012 □ Change □ Change □Add Remove □Change  $\square$ Add □ Remove □Change □Add □Remove

□ 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:

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ecord spe is filed.	cifies a dela	yed effective	date, but no	ot an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day a	fter the
ted	18/2	+	<del></del>	ı · ——	·				

Filing Fee: \$25.00