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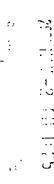
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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200429064022

05/02/24--01017--019 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

| Subject: | nstruction LLC Name of Lin | nited Liability Company | | |
|--------------------------------|--|---|----------------------------------|----------------|
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Koree Sargent | | | |
| | | Name of Person | | • |
| | Sargent Concrete LLC | | | : FS: |
| | | Firm/Company | | |
| | 4700 Millenia Błvd. Ste. 5 | 500 | | د'. |
| | | Address | | · |
| | Orlando, FL 32839 | | | |
| | | City/State and Zip Code | | |
| | koree.sargent@gmail.com | | | |
| | E-mail address: (| to be used for future annual report not | ification) | |
| For further information c | oncerning this matter, please c | ali: | | |
| Koree Sargent | | 231 7367082 at () | | |
| Name o | f Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| Mailing Addres Registration S | | <u>Street Address:</u> Registration Se | ction | |
| Division of C | Corporations | Division of Co | rporations | |
| P.O. Box 632 Tallahassee, 1 | | The Centre of 7 | Fallahassee e Street, Suite 8 | 10 |
| i ailailainee, l | | Tallahassee, Fl | • | 10 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sargent Construction LLC | |
|---|---|
| (Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company) | pears on our records.) ay) |
| The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000180694 | 04/17/2024 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company | <u>v here</u> : |
| Sargent Concrete LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Company," t | he designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | × 6 |
| Principal office address MUST BE A STREET ADDRESS) | |
| | 1 |
| | -7 |
| Enter new mailing address, if applicable: | : |
| | [2] |
| | |
| 3. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here: | r records, <u>enter the name of the new regi</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Florida street address |
| Enter | r toriaa street aaaress |
| | , Florida |
| 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 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> | Address | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
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| fective date, if other than | the date of filing: | (optional) | |
| ote: If the date inserted in thi | s block does not meet the applicable statu | filing or more than 90 days after filing.) Pursuant utory filing requirements, this date will not h | |
| cument's effective date on th | e Department of State's records. | | |
| neard enacities a delegant offe | ctiva data, but not an affactive time, at 1 | 2:01 a.m. on the earlier of: (b) The 90th da | u offar th |
| is filed. | tive date, our not an effective time, at 12 | 2.01 a.m. on the carner off. (b) The 90th da | y anter ur |
| April 26 | 2024 | | |
| ited | , 2024 | / | |
| / 1 | | | |

Typed or printed name of signee