## L25000199488

| (Requestor's Name)                      |
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| (Address)                               |
| (1661656)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Decument Number)                       |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Consideration to Fill to Office         |
| Special Instructions to Filing Officer: |
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60011/25-12006--021 \*\*50.00

Name Change

## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

| SUBJECT: O(                          | tean Brec                                     | ze Concre  | telle   |       |
|--------------------------------------|---|--|---|-------|
|                                      | Name of Lim                                   | ited Liability Company   |   |       |
| The enclosed Articles of             | Amendment and fee(s) are sub                  | omitted for filing.  |   |       |
| Please return all correspondent      | ondence concerning this matter                | to the following:  |   |       |
|                                      |   |  |   |       |
|                                      | Hannah  | Schulz   |   |       |
|                                      | $\alpha$                                      | Name of Person   | ncretelle   |       |
|                                      | Ocean E                                       | Breeze Co  | <u>nordieur</u>   |       |
|                                      | 426 Lee                                       | ST.  | <del> </del>  |       |
|                                      | Deland  | FL 3Q42L City/State and Zip Code                                 |   |       |
|                                      | Min Con (<br>E-mail address: (                | to be used for future annual report not                          | 1011. COM   |       |
| For further information of           | concerning this matter, please c              | all:   | 201   | •     |
| Hannah                               | Schulz  | at (3500), 402<br>Area Code Daytir                               | 3675  | #. Tr |
| Name of Enclosed is a check for t    | of Person the following amount:               | Area Code Daytir   | S60.00 Filing Fee.  |       |
| □ \$25.00 Filing Fee                 | \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |       |
| <u>Mailing Addre</u><br>Registration |   | Street Address:<br>Registration Se                               | ection  |       |
| Division of C                        | Corporations                                  | Division of Co   | rporations  |       |
| P.O. Box 632                         | 27  | The Centre of  | Tailahassee   |       |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN Breeze 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 64128 2025 and assigned                        |
|---|--|
| Florida document number L25000199488  |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab.  Al Concrete Solution                                | 75 LLC   |
| The new name must be distinguishable and contain the words "Limited Liabi   |  |
| Enter new principal offices address, if applicable:   | (Same) 426 Lee St.   |
| (Principal office address MUST BE A STREET ADDRESS)   | Deland FL 32724  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              | (Same) 426 Lee St.<br>Deland FL 32724                        |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
|   | Enter Florida street address                                 |
|   | Marida 1 3 🖳   |

## 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.

City

Zip Code

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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| record<br>Lis file   |   | layed effective | date, but not                   | an effective t                     | ime, at 12:01   | a.m. on the e   | arlier of: (b) | The 90th day a                                 | ifter the     |
| ated_                | 06/2                                    | 30125           | <u>,</u><br>                    |                                    |                 | - A             |                |  |               |
|                      |   | HACE            | N 00                            | //                                 |                 |                 | 15             |  | -             |
|                      | /                                       |                 | ignature of a                   | member <del>or au</del> tl         | iorized represe | ntative of a me | mber /         |  |               |

Filing Fee: \$25.00