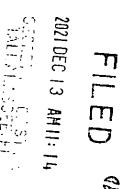
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C. BRUMBLEY
DEC 29 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: C.W. Roberts Con	tracting, Incorporated	
DOCUMENT N	493846		
The enclosed Arr	icles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	Robert Delisle		
		Name of Contact Person	
	C.W. Roberts Contracting, Ir	ncorporated	
	<u> </u>	Firm/ Company	
	3372 Capital Circle NE		
	_	Address	
	Tallahassee, FL 32308		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	14540	_	
	bdelisle@cwrcontracting.com	n sed for future annual report	not(flaction)
	E-mair address. (to be u	sed for future annual report	notification)
For further infor	nation concerning this matter, plea	se call:	
			205 5050
Robert Delisle, C		at (_) 385-5060
N	ame of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing F	ee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendi Division The Ce	Address ment Section n of Corporations entre of Tallahassee f. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

C.W. Roberts Contracting, Incorporated	
(Name of Corporation	as currently filed with the Florida Dept. of State)
493846	
(Docum	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	poration:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	, ω
	
D. If amending the registered agent and/or register- new registered agent and/or the new registered of	
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the position.
The second secon	
Signa	ure of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	James W. Moretz	P.O. Box 16279
X Add			Tallahassee, Fl. 32317
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>ada</i>	ing or adding additic Iditional sheets, if nec	essary). (Be spe	cific)			
						
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<u>.</u>						_ .
<u>f an ame</u>	ndment provides for	an exchange, rec	lassification, or o	ancellation of is	sued shares,	
provision if no	ns for implementing ot applicable, indicate	<u>tue amendment i</u> ? N/A)	i not contained ii	<u>tne amendmen</u>	t itsett:	
		<u> </u>				
					<u> </u>	

The date of each amendment(s) a late this document was signed.	doption: if other than
Effective date <u>if applicable</u> :	
metric date ir apprearie.	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	· · · · · · · · · · · · · · · · · · ·
	(voting group)
12-17-202 Dated	
S:	Rotat Deline
Signature (By a d	irector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Robert Delisle
	(Typed or printed name of person signing)
	CFO/Secretary