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T. MATTHEWS MAY - 4 2022

COVER LETTER

Div	ision of Cor	rporations		
SUBJECT:	FULFORD	CONSTRUCTION LLC		•
Jonate I,		Name of Lin	nited Liability Company	
: .				
The enclosed	Articles of	Amendment and feets) are sub	omitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		REX DONALD FULFOR		
			Name of Person	
		FULFORD CONSTRUCT	TON LLC	
			Firm Company	
		3822 W LLOYD ST		
			Address	
		PENSACOLA, FL 32505		
		DONFULFORD694@.GM/	City/State and Zip Code AIL.COM	
			to be used for finine annual repo-	rt notification)
For further inf	formation ce	oncerning this matter, please ea	alf:	
ARTHUR PE	RROTT		850 449786 at ()	()
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is a c	check for the	e following amount:		
■ \$25.00 Fil	ling Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55,00 Fifing Fee & Certified Copy (additional copy is enclosed)	© \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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 STATE OLVISION OF CORPORATIONS

FULFORD CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Company were filed on $\frac{123}{2}$	15/2003	and assigned
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are the second s	signation the of the inolev	iation L.L.C.
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	office address on our records, enter the name of the new registered Enter Florida street address City Zip Code Agent:	
		to comply with the
		Zip Code Zip Code The to comply with the miliar with and this documents.
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ed office address on our rec	ords, <u>enter the</u> name of	the new registered
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	Florida	
ress, if applicable: BE A POST OFFICE BOX) istered agent and/or registered office address on our records, enter the name of the new registered egistered office address here: Registered Agent: Office Address:		
ed Agent:		
t and agree to act in this ca	pacity. I further agree to	a comply with the
complete performance of m	w duties, and Lam famil	im with and
went as provided for in Ch	anter 605 F.S. Or if the	is documentie .
ea ogjice address, i nereby	confirm that the timited	liability :
	mited liability company her mited Liability Company," the de PRESS) Emer Florid Cuy ed Agent: and agree to act in this car complete performance of m gent as provided for in Ch ed office address. I hereby	mited liability company here: mited Liability Company," the designation "ELC" or the abbrev ORESS) Enter Florida street address Cay Za ed Agent: and agree to act in this capacity. I further agree to complete performance of my duties, and I am family agent as provided for in Chapter 605, F.S. Or, if the ed office address. I hereby contirm that the limited

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
AMBR	BRANDON HUDSON	502 B FITZGERALD ST. PENSACOLA, FL 32505	
* ***	***************************************		■Add
·.· .			□Remove
			O Characterist
MCDM	THE WAS INCOME.		Change
MGRM	ELIZABETH ANN SCHREY	502 FITZGERALD ST, PENSACOLA, FL 32505	DAdd
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blocoument's effective date on the De	st be specific and cannot be prior to ock does not meet the applical	ble statutory filing requireme	ents, this date will not be list	ted as
e record specifies a delayed effective rd is filed.	e date, but not an effective tim	oe, at 12:01 a.m. on the earlic	er of: (b) The 90th day afte	er the
ne record specifies a delayed effective ord is filed. Dated APRIL 10	2022 Signature of a member or authorite	mot		er the

Filing Fee: \$25.00