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12 MAY 16 PM 2:35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 17 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mallard Contracting, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID J. DILKS
Name of Person

Firm/Company

P.O. BOX 233
Address

FAIRVIEW, MI 48621
City/State and Zip Code

djrdilks@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID J. DILKS at 239) 777-9443
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ ~~\$25.00~~ Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

12 MAY 16 PM 2:35

MALLARD Contracting, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JAN. 11, 2012 and assigned
Florida document number L12000004851

This amendment is submitted to amend the following:

N/A. **A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KELVIN L. ANDERSON

New Registered Office Address:

13 E. Pelican St.

Enter Florida street address

Naples
City

Florida

34113
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 608, 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.

KLA

[Signature]
Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	DAVID J. DILKS	13 E. Pelican St. Naples, FL 34113	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Virginia J. Dilks	13 E. Pelican St. Naples, FL 34113	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KELVIN L. ANDERSON	13 E. Pelican St. Naples, FL 34113	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KELVIN L. ANDERSON	13 E. Pelican St. Naples, FL 34113	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Registered Agent will change.
From: VIRGINIA J. DILKS
To: KELVIN L. ANDERSON

X Dated May 13th, 2012

KLAX

Signature of a member or authorized representative of a member

KELVIN L. ANDERSON

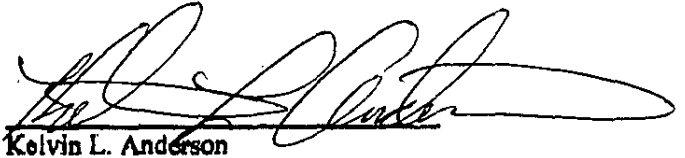
Typed or printed name of signee

ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

NOW COMES Kelvin L. Anderson, sole member of Mallard Contracting, LLC, a Florida Limited Liability Company and hereby executes this Acknowledgment and Release of Liability for the sole purpose of acknowledging that David J. Dilks and Virginia J. Dilks no longer have any membership interest, liability or responsibility on behalf of Mallard Contracting, LLC effective as of the date hereon. Kelvin L. Anderson acknowledges that documents will be filed in the State of Florida confirming this fact and that Kelvin L. Anderson shall be appointed the new Registered Agent for the Limited Liability Company. Kelvin L. Anderson further releases David J. Dilks and Virginia J. Dilks from all liability related to Mallard Contracting, LLC and agrees to assume all responsibility for any debts or liabilities for said Limited Liability Company effective as of the date hereon.

In addition thereto, Kelvin L. Anderson agrees to provide notice to any entity providing credit to Mallard Contracting, LLC that David J. Dilks and Virginia J. Dilks no longer have any affiliation with the Limited Liability Company and that Kelvin L. Anderson shall be the sole party responsible for the debts of said Limited Liability Company.

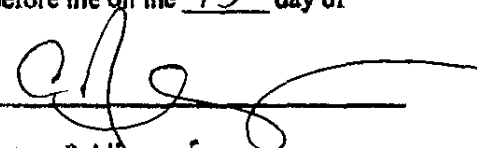
X Dated this 13th day of May, 2012

X 
Kelvin L. Anderson

STATE OF Florida)
COUNTY OF Polk) ss

Subscribed and sworn to by Kelvin L. Anderson before me on the 13 day of May, 2012

My Commission Expires:

X 
Notary Public
Acting in Polk County, FL

