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COVER LETTER

Division	of Corporations	
MA SUBJECT:	LLARD CONTRACTING, LLC	
SOBJECT.	Name of Limited Liability Company	
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.	
Please return all o	orrespondence concerning this matter to the following:	
	KELVIN ANDERSON	
	Name of Person	
	MALLARD CONTRACTING, LLC	
	Firm/Company	
	18187 BAYWOOD DR.	
	Address	
	NAPLES, FL 34114	
	City/State and Zip Code	•
	LUANN@STAMPFLIANDTHOMAS.COM	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
LUANN THOM.	AS 239 631-2157 at ()	
	Name of Person Area Code Daytime Telephone Nun	iber
Enclosed is a chec	ck for the following amount:	
\$25.00 Filing	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

any as it now appears on our recor	<u>ds.</u>)
bility company here:	
ility Company," the designation "LLe	C" or the abbreviation "L.L.C."
18187 BAYWOOD DR.	
NAPLES, FL 34114	
	The second second
18187 BAYWOOD DR.	
NAPLES, FL 34114	4.7
office address on our record re:	ls, enter the name of the
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Enter Florida street addre	SS
	lorida Ziv Code
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New Registered Agent's Signature, if changing Registered Agent:

MALLADD CONTRACTING LLC

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			Change
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			□ Remove
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fective date if oth	er than the date of fil	lina:		(optional)	
n effective date is liste	d, the date must be specific	and cannot be prior	to date of filing or mor	e than 90 days after filing.) I	Pursuant to 605.020
ote: If the date inser	ted in this block does no	ot meet the applica	able statutory filing	equirements, this date w	ill not be listed as
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00