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APPROVED
AND
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D. BRUCE OCT 30 2012 EXAMINER

COVER LETTER

то:	Registration Se Division of Cor					
SUBJE	ССТ:		oad & Bridge, LLC			
		Name of Limi	ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please 1	return all correspo	ondence concerning this matter	to the following:			
			Lucas L Pappas			
Name of Person						
Southern Road & Bridge, LLC						
731 Wesley Avenue						
	Tarpon Springs, Florida 34689					
City/State and Zip Code						
		lpa	ppas@pappascivil.cor to be used for future annual repo	<u>n</u>		
				ort notification)		
For fur	ther information o	oncerning this matter, please of	call:		2 00 SECON	
	Luc	as L Pappas	at (727)	224-3545	FIL 12 001 29 SECRETAR ALLAHASS	
	Name o	f Person		Daytime Telephone Number	(51 [™] 5 (53)	
Enclose	ed is a check for the	he following amount:			PH 12: 4	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fe Certificate of S aclosed) Certified Copy (additional cop	ee, ———————————————————————————————————	
	MAIL	ING ADDRESS:	STREET/C	OURIER ADDRESS:		

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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Road 8	Bridge, LL	C			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company w	10/15/2012	and assigned			
Florida document number L12000131263					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	iny," the designation "l	LLC" or the ab	breviation	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			SE K	<u> </u>	
			58 8	, ,	
			N N	क्राच्या = ठ व्या _{या =} -	
Enter new mailing address, if applicable:			Sign C		
(Mailing address MAY BE A POST OFFICE BOX)					
induing dudress MAT DE ATOST OFFICE DOA				·-	
			2		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		our records, <u>enter</u>	the name of	the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City		Zip Code		
New Degistered Agent's Signature if changing Degistered Agent:					

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.

If 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** <u>Name</u> <u>Address</u> **Type of Action** Titan Construction Manager MGR 821 Virginia Avenue ☐ Add ✓ Remove Tarpon Springs, Florida 34689 ☐ Remove Add ☐ Remove ∏ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 25th Dated_ Signature of a member of authorized representative of a member Lucas L Pappas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00