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5. HARRIE

COVER LETTER

| TO: | | on Section f Corporations | | | |
|----------|---------------------------------------|--|---|---|--|
| CHD IE | RJH (| Contracting Services, LLC | | | |
| SUBJE | .C.I. | Name o | Limited Liability Company | | |
| The end | closed Artic | es of Amendment and fee(s) are | submitted for filing. | | |
| Please 1 | return all co | respondence concerning this m | atter to the following: | | |
| | | Patrick Painter | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | 2200 Centrepark West Drive, Suite 100 | | | | |
| | | | Address | | |
| | | West Palm Beach, FL | | | |
| | | | City/State and Zip Code | | |
| | | eengstrom@hedrickbro | | | |
| | | E-mail addr | ess: (to be used for future annual report notif | ication) | |
| For furt | her informa | tion concerning this matter, plea | ise call: | | |
| Patrick | Painter | | 561 273-4918 | | |
| | N | ame of Person | at () Area Code Daytime | Telephone Number | |
| Enclose | ed is a check | for the following amount: | | | |
| □ \$25 | i.00 Filing F | ee \$30.00 Filing Fee & Certificate of State | | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| · | R | IAILING ADDRESS: egistration Section ivision of Corporations | STREET/COURI Registration Section Division of Corners | า | |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RJH Contracting Services, LLC | | |
|--|---|--------------------|
| (Name of the Limited Liability Company as i (A Florida Limited Liability | t now appears on our records.) y Company) | |
| The Articles of Organization for this Limited Liability Company were | filed on September 11, 2013 | and assigned |
| Florida document number L13000128961 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability c | ompany here: | |
| The new name must be distinguishable and contain the words "Limited Liability Cor | npany," the designation "LLC" or the a | |
| Enter new principal offices address, if applicable: | | For o |
| (Principal office address MUST BE A STREET ADDRESS) | | 197 |
| | | 21. 01 |
| | | 46. 골 . 4 |
| Enter new mailing address, if applicable: | 499 | - (1) |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| <u> </u> | · · · · · · · · · · · · · · · · · · · | I.e. |
| B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: | nddress on our records, <u>enter</u> | the name of the no |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | W. C. J. |
| C) | ίtν | 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 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action | | |
|--------------|---------------------------------------|---------------------------|---|--|--|
| MGRM | Terrell T. Taylor | | Add | | |
| | | 544 Fergusson Lane | ■ Remove | | |
| | | West Palm Beach, FL 33415 | Change | | |
| MGR | Robert John Schaefer | 125 SR 7, Suite 104 | ⊟ ∧dd | | |
| | | Wellington, FL 33414 | □ Remove | | |
| | | | Change | | |
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| ffective date, if ot | her than the date of ed, the date must be speci | ific and cannot be prio | or to date of filing or mor | (optiona e than 90 days after filir | ng.) Pursuant to 60. | 5.020 ted ข |
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Filing Fee: \$25.00