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SECRETARY OF STATE

FILED

COVER LETTER

	Registration Solivision of Co.					
SUBJEC	RICHARD	MULDER CONSTRUCTION	N CO LLC			
SUBJEC		Name of Lin	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	ırn all correspo	ondence concerning this matter	to the following:			
		BECKY BASFORD				
			Name of Person		202 S TA	
		BASFORD TAX & ACCO	DUNTING SVC		2022 AUG -4 SECRETAR TALLAHASS	1 1
	Firm/Company				TARY NASSE	
		5053 HIGHWAY 90				T
			Address		PM 4: 10	San
		MARIANNA FL 32446			10.	
			City/State and Zip Code			
		BIGB_THATSME01@YAI		 		
			to be used for future annual report notificat	ion)		
For further	information c	oncerning this matter, please ca	all:			
RICHARI	MULDER		850 573-0589 at ()			
	Name of	Person		lephone Number		
Enclosed is	s a check for th	e following amount:				
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

Mailing Address:
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICHARD MULDER CONSTRUCTION CO	O LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our real Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L15000038821</u>	Company were filed on MARCH 3, 20	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "	
Enter new principal offices address, if applicable:		2022 TALL
(Principal office address MUST BE A STREET ADDR	(ESS)	ALG ALG
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		G-4 PM 4: 10 TARY OF STATE HASSEFE. FLORID/
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad.	.,
	City	Florida 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 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>	Name	Address	Type of Action
MGR	RICHARD C. HATCHER	3703 ONTARIO ROAD	≣Add
		MARIANNA, FL 32448	□Remove
			□Change
			□Add
			Remove
			Change CREAD SECRETA
			SSR PRemove
			Remove P
			□Add
			□Remove
			□Change
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			□Remove
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tive date, if other than the dat	08/01/202		(opti	onal)	
Tective date is listed, the date must be If the date inserted in this block	specific and cannot be price	or to date of filing or n	nore than 90 days after	filing.) Pursua	int to 605.
nent's effective date on the Depar	tment of State's record.	s.	ig requirements, thi	s date witt no	it de liste
rd specifies a delayed effective da	te, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th	day after
iled.					•
ALICHET	2022				
AUGUST 1,	2022	·			
[/),	\ 0				

Typed or printed name of signee