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COVER LETTER

TO: Registration Sec Division of Corp			
	y Contracting LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Kelly Fulford		
		Name of Person	······································
	Right of Way Contracting I	LLC	
		Firm/Company	
	11205 Tarpon Springs Road	d	
		Address	
	Odessa, FL 33556		
	keljf1@verizon.net	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	ill:	
Kelly Fulford		813 309-0724 at ()	
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	e 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

Right of Way Contracting LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on and assigned
This amendment is submitted to amend the following:	
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 "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	: 22
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the neress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Address	Type of Action
MGR	Jack Fulford	15002 Patterson Road	■ Add
		Odessa, FL. 33556	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change AH 11: 22
			11: 22
			□ Remove
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ffective date, if other than the date of filin	:		(optional)	
an effective date is listed, the date must be specific and lote: If the date inserted in this block does not r	cannot be prior to date	of filing or more than 90 stutory filing requiren	days after filing.) P	ursuant to 605.020°
ocument's effective date on the Department of S	tate's records.	, , ,		
e record specifies a delayed effective o	ate, but not an e	ffective time, at	12:01 a.m. or	n the earlier o
The 90th day after the record is filed.	,	,		
November 29	2017			
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O O O O T	\{\f\/			
Signature of a	nember or authorized re	manamatica of a momb	0.5	

Page 3 of 3

Filing Fee: \$25.00