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COVER LETTER

Division of Cor	rporations		
	- · · · · · · · · · · · · · · · · · · ·		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing	
Please return all correspo	ondence concerning this matter t	to the following:	
	Kelly Fulford		
		Name of Person	
	Right of Way Contracting I	LC	
Name of Person			
	11205 Tarpon Springs Road	d	
		Address	
	Odessa, FL. 33556		
		City/State and Zip Code	
	*		<u> </u>
	E-mail address. (t	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	il:	
Kelly Fulford			
Name (of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

Right of Way Contracting LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"L1.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	ਰੇ ਤੋਂ
	<u> </u>	
Enter now mailing address if applicables		© (25)
Florida document number L16000106236 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	3 (0)	
	<u>~~~~</u>	
		<u></u>
		**
Name of New Registered Agent:	ı .	
New Registered Office Address:	Enter Florida street	address
		, Florida
A. If amending name, enter the new name of the limited liability combine new name must be distinguishable and contain the words "Limited Liability Combiner new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office aregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	City	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>	Name	Address	Type of Action
MGR	Jack Fulford	15002 Patterson Road	□ Add
		Odessa, FL. 33556	■ Remove
			Change
			
		-	Remove
			Change
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ffective date, if oth	er than the date of filing:	(optional)		\ 7 . 7
Note: If the date inser	, the date must be specific and cannot be prior to dat ed in this block does not meet the applicable s	e of filing of more than 90 days after filing.) Pu statutory filing requirements, this date wil	I not be listed a	s th
locument's effective d	ate on the Department of State's records.			
e record specifies	a delayed effective date, but not an	effective time at 12:01 a.m. on	the earlier c	η£ ·
	er the record is filed.	enective time, at 12.01 a.m. on	the currier c	<i>.</i> .
1.1-	2018.			
\mathcal{Q}/\mathcal{I}	Lelly Signature of Amember or authorized			
Dated 6/5	//			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00