116000106236

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(Address)
(1.02.200)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration S Division of Co		•					
Right of W	/ay Contracting LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Kelly Fulford						
	Right of Way Contracting	Name of Person	417 5486				
		Firm/Company	<u> </u>				
	11205 Tarpon Springs Roa	d					
		Address					
	Odessa, FL 33556						
	keljf1@verizon.net	City/State and Zip Code					
	E-mail address: (to be used for future annual report notifi	cation)				
For further information	concerning this matter, please co	all:					
Kelly Fulford		813 309-0724					
Name	of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for t	the 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)				
MAII	ING ADDRESS:	STREET/COURIE	ER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2019 JAN 30 11 (2: 21

Right of Way Contracting LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconted Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Computer L16000106236	pany were filed on 6/1/16	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		rds, <u>enter the name of the</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, I	Florida	
	City	Zip Code	

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
MGR	Kimberly Williams	20649 Bowman Road, Brooksville, FL. 34610	
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
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			Remove
			Change
			Remove
			☐ Change

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fective date, if other than the n effective date is listed, the date mus	date of filing:	late of tiling or more than 90 day	(optional)
ete: If the date inserted in this ble	ock does not meet the applicable	e statutory filing requirement	s, this date will not be listed a
cument's effective date on the De	epartment of State's records.		
record specifies a delayed	effective date, but not a	n effective time, at 12	:01 a.m. on the earlier
The 90th day after the reco		,	
January 28	2019		
ted	<u>a</u> :		
	1 0 -17		

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Typed or printed name of signee

Filing Fee: \$25.00