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TO: Registration So Division of Cor			•
RJ GORM. SUBJECT:	AN CONTRACTING, LLC		·
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DENISE ROWAN, ESQ.		
		Name of Person	
	DENISE HALLMON RO	WAN & ASSOCIATES, P.A.	
	-	Firm/Company	
	558 HARRISON AVENU	E	
		Address	
	PANAMA CITY, FLORII	DA 32401	
	DROWAN@DHRLEGAL.	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report notific	ation)
For further information of	concerning this matter, please c	all;	
DENISE H. ROWAN		850 338-6007	
Name o	of Person		Telephone Number
Enclosed is a check for the	he 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 Addres Registration 1		Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ GORMAN CONTRACTING, LLC					
(<u>Name of the Limited Li</u> (A F)	ability Company : orida Limited Liab	as it now appears on or orlity Company)	ur records.)		
The Articles of Organization for this Limited Liabili	ity Company we	ere filed on OCTOBI	ER 11, 2016	_ and assi	gned
Florida document number L16000187827					
his amendment is submitted to amend the followin	g:				
a. If amending name, enter the new name of the	limited liabilit	y company here:			
N/A					
he new name must be distinguishable and contain the words	"Limited Liability	Company," the designat	ion "LLC" or the abbre	viation "L.I	C."
Inter new principal offices address, if applicable	: <u>*</u>	N/A			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	2023	
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			75 (2) 75 (2)	<u> </u>	-
inter new mailing address, if applicable:	1	N/A	**************************************	8	:
Mailing address MAY BE A POST OFFICE BOX	_ ()		-	P	: 1
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 If amending the registered agent and/or regist gent and/or the new registered office address he 		dress on our record	s, <u>enter the name c</u>	of the new	regist
Name of New Registered Agent:	/A				
New Registered Office Address:					
		Enter Florida stre	eet address	<u></u> .	
			. Florida		
-		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>	<u>Name</u>	Address	Type of Action
AMBR	SCOTT RANDALL	1944 FRANKFORD AVENUE	≣ Add
		PANAMA CITY, FLORIDA 32405	□Remove
			□Change
			□ Add
			□Remove
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fective date, if other than the date of filing:	C 1, 2023	ional)	
n effective date is listed, the date must be specific and cannot be prior to	date of filing or more than 90 days afte	r tiling.) Pursu	ant to 605.020
ote: If the date inserted in this block does not meet the applical cument's effective date on the Department of State's records.	le statutory filing requirements, the	is date will n	of be listed a
ecord specifies a delayed effective date, but not an effective timis filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
SEPTEMBER 14, 2023			
0			
Venise N Rona	zed representative of a member		

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Filing Fee: \$25.00