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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ford Contracting L Name of Limited Liability Company	.L(
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Steven D. For Name of Person  Ford Contracting Firm/Company	<u>4</u>
Fim/Company	LLC
2947 Loran Dr. W	
Jacksonville FL 322 City/State and Zip Code	16
City/State and Zip Code  For 2 contracting LLC @ ymuil  Fi-mail address: (to be used for future annual repo	. (oM
For further information concerning this matter, please call:	
Steve Fold at (904) 9 Name of Person Area Code	23 - 3673 Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Addr	<del>233:</del>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forn Contr		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on $8/1$	7/2020 and assigned
Florida document number LZ0066250479		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	5644 13	aywood Terrace
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville	FL 32218
		9 7
		The state of the s
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		900 <b>3</b> 5
		- <del>1</del> <del>1</del> <del>1</del> <del>9</del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
·		_, Florida
	Cuţv	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 hability company has been notified in writing of this change.

11 11 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 Title Name Address Type of Action □Remove SSEP 3 \_ 🗆 Change \_\_\_\_\_\_ DRemove \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add —————— □Remove

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Filing Fee: \$25.00