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| Special Instructions to f | Filing Officer: | |
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2021 DEC 10 AM II: 40

SECRETARY SERVICE

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COVER LETTER

| TO: Registration S Division of Co | | | |
|---------------------------------------|---|---|--|
| | SOLIDATED EXCAVATION I | LLC | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| The enclosed Articles of | Amendment and fec(s) are subn | nitted for filing. | |
| Please return all correspondence | ondence concerning this matter to | o the following: | |
| | Ricky Scott | | |
| | | Name of Person | |
| | R&S CONSOLIDATED EX | CAVATION LLC | |
| | | Firm/Company | |
| | 2411 NW 3RD AVE | | |
| | | Address | |
| | OCALA, FL 34475-9259 | | |
| | | City/State and Zip Code | |
| | RICKYSCOTT5Q@GMAIL | | |
| | E-mail address: (to | be used for future annual report noti | fication) |
| For further information of | concerning this matter, please cal | 1: | |
| Ricky scott | (Owi | ner) 904 303-8963 | |
| Name (| of Person | Area Code Daytim | e Telephone Number |
| Encloyed is a check for t | he following amount: | | |
| 的\$25.00 Filing Fee | ☐ \$30,00 Fifing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) |
| <u>Mailing Addres</u> Registration | | Street Address: Registration Sec | ction |
| Division of C | Corporations | Division of Cor | |
| P.O. Box 632 | | The Centre of T | |
| Tallahassee. | rl 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

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



2021 DEC 10 AM 11: 40

R&S CONSOLIDATED EXCAVATION LLC

(Name of the Limited Liability Company as it now appears on our records.) S.E.F. (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on 10/12/202 | and assigned |
|--|---|---|
| Florida document number <u>L21000445953</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company " the designation | on "I I C" or the abbreviation "I I C" |
| | 2411 NW 3RD AVE | of the advictation 13.13.C. |
| Enter new principal offices address, if applicable: | OCALA, FL | |
| (Principal office address MUST BE A STREET ADDRESS) | 34475-9259 | |
| Enter now multing address if applicables | 2411 NW 3RD AVE | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | OCALA, FL | |
| (Maning dadress MAT BE A FOST OFFICE BOX) | 4475-9259 | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | <u>-</u> | |
| | Enter Florida stree | 1 address |
| | City | Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | г.ф Соае |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this capaci performance of my du provided for in Chapter | tics, and I am familiar with and r 605, F.S. Or, if this document is |
| If Char | nging Registered Agent, Sign | nature of New Registered Agent |

If ame daing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or renloyed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|----------------------------------|----------------|
| AMBR | DEMETRICE SCOTT | 5530 NE 12TH AVE OCALA, FL 34479 | = Add |
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| | 11/08/2021 (optional) |
| ective date, if other than the d | late of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. |
| ite: If the date inserted in this bloc | ck does not meet the applicable statutory tiling requirements, this date will not be use |
| cument's effective date on the Dep | partment of State's records. |
| | |
| 1 25 11160 | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| cord specifies a delayed effective of | |
| is filed. | |
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| is filed. November 09 ted | 2021 Signature of a member or authorized representative of a member |

Filing Fee: \$25.00