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COVER LETTER

TO:

TO: Registration Se Division of Cor				
Foster Cont	ractors, LLC.			
JOBSECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Duncan Foster			
		Name of Person		
	Foster Contractors, LLC.			•
		Firm/Company		
	1306 Challen Avenue			
		Address		
	Jacksonville, FL 32205			2022 C
	Duncan.Foster@FloridaNet	City/State and Zip Code workRealty.com		2022 APR 21
	E-mail address: (to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please ca	all:		ماني مستند ا
Duncan Foster		904 955-1722		 ن د
Name o	f Person	at () Area Code Daytime	e Telephone Number	·
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Addres		Street Address:	•	
Registration Section		Registration Section		
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•	
Tallahassee, I			e Street, Suite 81	10
i arranassee, i		2 11 2 1 1 1 10 11 10 1	e buyyu buile oi	. •

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foster Contractors, LLC.

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

<u> </u>	ability Company were filed on March 28, 2022	and assigned
Florida document number 1.22000148473	 '	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
Foster Contracting, LLC.		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter th</u> <u>s here</u> :	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	•

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		.	Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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ffective date, if other than the	date of filing:		(option	al)
an effective date is listed, the date mu-	st be specific and cannot be	prior to date of filing o	more than 90 days after fil	ling.) Pursuant to 605,0207
Note: If the date inserted in this blocument's effective date on the D			ling requirements, this c	iate will not be listed as
	•			
record specifies a delayed effective	ve date but not an effect	ive time, at 12:01 a.r	n, on the earlier of: (b)	The 90th day after the
d is filed.	c date, but not an error.		• • • • • (=)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
April 15th	2022			
April 15th Pated				
		 ·		
Diva	- Dec		ive of a member	
. / //				

Typed or printed name of signee