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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: Rignte	OCY CONSTRUCTION Name of Limited Liability	Company		
The enclosed Articles of Ame	ndment and fee(s) are submitted for f	īling.		
Please return all corresponden	ce concerning this matter to the follow	wing:		
_	Michael 12	cmercon		
_	Rightway Const	Tuction Compa	iny	
	14395 Sw	139th C+ STE	· (A	
-	miami, EC	33186 and Zip Code		
	E-mail address: (to be used to		~	com
For further information concer				
Mi Chatel Name of Perso	owing amount:	706 228 - Courcea Code Daytime Teleph	203 A CT 23	
Enclosed is a check for the following	owing amount:		AM 9: OF STA	
∑ \$25,00 Filing Fee □	Certificate of Status Certi	00 Filing Fee & ified Copy iounl copy is enclosed)	S60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corpo		Street Address: Registration Section Division of Corporation	ons	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rightway Construction Company LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1124/23}{24}$ and assigned Florida document number $\frac{12300043984}{24}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
PAC 2
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, 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 th 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 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>	Name	Address	Type of Action
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effective date is listed, the date: If the date inserted in	this block does no	t meet the applical	odate of filing or more ole statutory filing	e than 90 days after requirements, this	aling.) Pursuant to 60: date will not be list	5.0207 ted as
ument's effective date on	the Department of	f State's records.				
cord specifies a delayed e	ffective date, but n	ot an effective tim	e. at 12:01 a.m. or	the earlier of: (b)	The 90th day afte	r the
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