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SECRETARY OF STATE
ALLAHASSEE, FLORIE

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JUN 2 0 2018

COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: R-D & B CONSTRUCTION, IVC DOCUMENT NUMBER: P03000149065
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Lawson Name of Contact Person R-D&B CONSTruction, Inc. Firm/Company 835 NW Banta-Acres Pd Address Mayo 71 32066 City/State and Zip Code tcharee - 1971 @ yahoo, com E-mail address: (to be used for future annual report notification)
17-main address. No be used for facure annual report notification,
For further information concerning this matter, please call:
Name of Contact Person at 386, 364-9022 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Art	icles of Incorpo	ration			
R-DER COL	or 15 true	ction.	Inc		
(Name of Corporation :					
P0300014906	06		, , , , , , , , , , , , , , , , , , ,		
	Number of Con	poration (if known)			
The control of the co	······································	de Burge Co Commentium	والمستعدد والمستعدد والمستعدد	1	
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	anites, this <i>Fiori</i>	aa rroju Corporation	adopts the for	lowing amer	iumeni(s) ii
A. If amending name, enter the new name of the corpo	oration:				
	N/A			The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	Inc," or "Co".	A professional corpo			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	<u> </u>			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -	N/A		SECNETAR IS	- F
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		n Florida, enter the na	ame of the	F STATE	
Name of New Registered Agent					
	.EL 11	,			
New Registered Office Address:	(Florida street ad N	A	, Florida		
	(City	1		(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar			ons of the posi	ition.	
Signatur	re of New Regist	ered Agent, if changing	7		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	STD	KYLE LAWSON	1186-1 201 St Road
Add Remove			Lake Dak 17/ 32000
2) Change	<u>S/T</u>	Lang Guyton	1952 SIVER 534. Mayo, H 3206
Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	(Be specific)		
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	anas ruclassification or	cancellation of issued sh	ares.
f an amendment provides for <mark>an exc</mark> h	ange, recrassification, or		
provisions for implementing the ame	ndment if not contained in	n the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained is	n the amendment itself:	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained i	n the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Privade Lann	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Richard Lawson	
(Typed or printed name of person signing)	
PD	
(Title of person signing)	