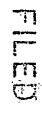
(Re	equestor's Name)	
(Ad	ldress)	
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(Ĉif	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ${rac{ ext{R}}{-}}$	MX Contracting	Services Inc DBA RMX C	onstruction
	0092220		
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.	
Please return all correspondence c	oncerning this ma	tter to the following:	
Lora Knopf			
		Name of Contact Person	1
RMX Conti	acting Services In	ie DBA RMX Construction	1
		Firm/ Company	
10752 Deer	wood Park Blvd S	Suite 100	
		Address	
Jacksonville	:, FL 32256		
	<u> </u>	City/ State and Zip Cod	<u> </u>
		•	
info@rmxcontruc			
E-mail	address: (to be us	sed for future annual report	notification)
For further information concerning	this matter pleas	se call:	
TA TARRET MIOTHATION CONCESSING	, this matter, press.	· · · · · · · · · · · · · · · · · · ·	
Lora Knopf		at (	769-6262
Name of Contact P	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made	payable to the Florida Depo	artment of State:
	75 Filing Fee & ficate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment See Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amenc Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RMX Contracting Services Inc DBA RMX Construction

RMA Contracting Services inc DBA RMA Construction	L.C. L. State Phys. L. D. L. C. C.
P16000092220	ly filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	·
A. If amending name, enter the new name of the corporation:	
n/a	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	n/a
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	n/a
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	104
v	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
Name of New Registered Agent	
(Florida su	reet address)
New Registered Office Address:	, Florida
New Registerea Office Address.	(City) (Zip Code)
	55
	2
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position
Signature of Man I	E CONTRACTOR DE
ingnature of them t	Registered Agent, if changing

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>	John Da	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	Lora Knopf	 ······································
xAdd				
Remove				
2) Change	D	_	Kelly Smith	
Add				
x Remove				
3 ) Change		_		 <del></del>
Add				
Remove				
4) Change		<del></del>		 
Add				
Remove				
5) Change		_		 
Add				
Remove				
6) Change				
Add		_		 
Add				······································

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
n/a	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
n/a	

The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
	9/26/2018	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	<del></del>
	(no more man 20 days after amenament file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dae Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	'nl
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	."	
•	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	2 <b>r</b>
action was not required.		
9/26/18 Dated		
	4/	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other courointed fiduciary by that fiduciary)	rt
	Lora Knopf	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	