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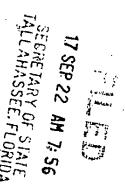
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## **COVER LETTER**

TO: Registration S Division of Co			
	xploration, LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	•
	R. Douglas Zipperer		
		Name of Person	
	AmWes Exploration, LLC		
		Firm/Company	
	P.O. Box 640		
		Address	
	Fort Myers, Florida 33902		
		City/State and Zip Code	
	donna@zippererfarmsine.co		Carina V
For further information of	e-man address: (	to be used for future annual report notifi all:	cation)
R. Douglas Zipperer		239 691-4803 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Antwes Exploration, LLC							
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)						
<b>,</b>							
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/01/2002}{}$ and assigned						
Florida document number L02000004976							
riorida document number							
This amendment is submitted to amend the following:	•						
A. If amending name, enter the new name of the limited liabi	ility company here:						
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
	•						
Enter new mailing address, if applicable:	AmWes Exploration, LLC						
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 640						
Truming www.ess.mirr.bis.mir.com.or.mir.bis.mir.	Fort Myers, Florida 33902-0640						
registered agent and/or the new registered office address here	:: 						
	Z S						
Name of New Registered Agent:	<u> </u>						
Now Provintered Office Address:	Registered Office Address:						
<u>new Registered Office Address</u> .	Enter Florida street address						
	mp =						
1	City Florida Tip Code						
New Registered Agent's Signature, if changing Registered Agent:	TATE ORID						
I hereby accept the appointment as registered agent and agre	te 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 p							
being filed to merely reflect a change in the registered office	address, I hereby confirm that the limited liability						

If Changing Registered Agent. Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	John O. Zipperer, Jr.	P.O. Box 640	🖸 Add
		Fort Myers. Florida 33902-0640	<b>≘</b> Remove
			☐ Change
MGR	R. Douglas Zipperer	P.O. Box 640	
		Fort Myers, Florida 33902-0640	□ Remove
	·		☐ Change
			□ Add
			Remove
			Change
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Effective date, if oth If an effective date is liste Note: If the date inserdocument's effective of	d, the date must be sported in this block do	ecific and cant ses not meet	not be prior to the applicab	date of filing o	r more than 90 d ling requireme	(optional)  ays after filing.) I  nts, this date w	oursua ill no	nnt to 6 et be li	505.02 isted
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ne record specifies The 90th day aft			, but not a	an effectiv	e time, at 12	2:01 a.m. oı	n the	e ear	lier o
Dated $\frac{9/21/13}{2}$		······································							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00