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COVER LETTER

TO: Registration Sec Division of Corp			
	ell Drilling, LLC		·
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	Robert E. Luffman		
		Name of Person	
	Luffman Weil Drilling, LL	С	
			
	Post Office Box 556		
		Address	
	Dade City, FL 33526-0556	,	
	····	City/State and Zip Code	
	leewesterfield@embarqmai		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notificati ail:	on)
Robert E. Luffman		352 567-5864	<u></u>
Name o	f Person	Area Code Daytime Te	ephone Number
Enclosed is a check for t	he following amount:		À .7
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporative The Centre of Talls	ations
Tallahassee,		2415 N. Monroe S	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luffman Well Drilling, LLC				
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our re I Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Compan	y were filed on 08/02/2004		and as	ssigned
Florida document number L04000057138				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation '	'LLC'' or the abl	previation "	L.L.C."
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)			,	(9)
			*	
			رين	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the nam	e of the n	ew registere
			<i>}</i> >	· · I
Name of New Registered Agent:			∏; - <u>2</u> L	
New Registered Office Address:				
 -	Enter Florida str eet a	ddress		
		_ Florida	·	
	City		Zip Cod	e

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 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>Name</u>	Address	Type of Action
Peggy A. Luffman	Post Office Box 556, Dade City, FL 33526-0556	\exists Add
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		Peggy A. Luffman Post Office Box 556, Dade City, FL 33526-0556

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fective date, if other than the date of filing:				_ (optiona	I) >	• 1
an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the	be prior to da applicable	ate of filing or	more than 90	days after filir	ıg.) Pürsuar	nt to 605.0207 he listed as
ocument's effective date on the Department of State's re	ecords.				27	
record specifies a delayed effective date, but not an effer is filed.	ctive time,	at 12:01 a.m	. on the earl	ier of: (b)	The 90th d	lay after the
July 28 2021						
	 -	•				
Signature of a member	or with	d range	10 0¢ = == . *		·	