

L07000075167

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2017-02-09 13:28:18 CST

12122023573 From: Kimberly Laughrey

2/9/2017

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PREMIUM VALVE SERVICES, LLC

Certificate of Status	0
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S Warren

FEB 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIUM VALVE SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beau Lee

Name of Person

Premium Valve Services, LLC

Firm/Company

2601 NW Expressway, Suite 900E

Address

Oklahoma City, OK 73112

City/State and Zip Code

beaulee@downingwell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Allen-Sosso

608 821-6401

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

PREMIUM VALVE SERVICES, 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 12/27/2007 and assigned
Florida document number L07000075167.

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 "L.L.C."

Enter new principal offices address, if applicable:

2601 NW Expressway, Suite 900E

(Principal office address MUST BE A STREET ADDRESS)

Oklahoma City, OK 73112

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida 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 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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter F Simms	2601 NW Expressway, Suite 900E	<input checked="" type="checkbox"/> Add
		Oklahoma City, OK 73112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIEFENTHAL HOLDINGS, LLC	125 WEST ROMANA STREET	<input type="checkbox"/> Add
		SUITE 800	<input checked="" type="checkbox"/> Remove
		PENSACOLA, FL 32502	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 8, 2017

Signature of a member or authorized representative of a member

BEAU J. LEE

Typed or printed name of signee

Filing Fee: \$25.00

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