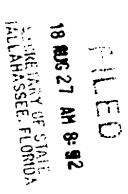
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(Requestor's Name)
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(Document Number)
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:		ng Equipment LLC		
SUBJECT.		Name of Lim	ited Liability Company	
	·.			
The enclosed	l Articles of z	Amendment and fee(s) are sub	mitted for filling.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Matthew Girden		
			Name of Person	-
		Bedrock Resources LLC		
	-			
			Address	-
		Ocala, FL, 34471		
			City/State and Zip Code	-
		Tommy@permenterlaw.com	to be used for future annual report notification)	<u> </u>
r 2 3 3			•	ENE LANDAHASSE
		incerning this matter, please co	an:	\$58 \$58
Matt Girden			352 369-8600 at ()	1.13
	Name of	Person	Area Code Daytime Telephone Number	FLORID
Enclosed is a	check for th	e following amount:		>
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocala Bottling Equipment LLC	
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	mpany were filed on May 28, 2009 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Dragline Resources LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of them
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date mu	it be specific a	ind cannot be pr			90 days after fili	ig.) Pursuant to 6	
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The 90th day after the rec	ord is filed	1.					
August 13		2018					
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	Signature of	a member or au	hborized repre	sentative of a me	nber		

Page 3 of 3

Filing Fee: \$25.00