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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Pipe- Lin	aing Solutions, LCC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Florida Pir	Stolz Name of Person Solutions, UC Firm/Company
210 field	1 FW Street Address
PStU2 O E-mail address: (to	City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please cal	in: on
Pamela Stol2 Name of Person	at (941) 308-5325 OK 109 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00}} \text{Filing Fee & Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida I.	imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number \(\bigcup_1 \)\(\lambda \)\(\text{OOO B5-}	mpany were filed on $\frac{7 25 2011}{8}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	
	;·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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

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
<u>V.P.</u>	Michael Larson	210 Field End St. Samsota, AZ 34240	XAdd
		Samsota, 92 34240	Remove
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f an effective date is Note: If the date	f other than the date of f s listed, the date must be specifi- inserted in this block does a tive date on the Department	ic and cannot be prior to date of not meet the applicable stat	f filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 s, this date will not be listed as
record specifies I is filed.	a delayed effective date, bu	t not an effective time, at 13	2:01 a.m. on the earlier o	of: (b) The 90th day after the
ated <u>C</u>	ril 25 Paronia	2023.		i Ec. 3
	- ' ' ' X X X X I ' '	DEC \ VOTO X		
	Signature	of a member or authorized rep	presentative of a member	55