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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B FIGUEROA JAN 25 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JULY COUST Field Struck, UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
JON, LAWRENCE Name of Person
Sulf COAST Field Services, LLC
102 Derondo Street
Panana City Black, FL 32413
Jonifarsons 123 @ Com CAST, Net
For further information concerning this matter, please call:
Jon Lawrence at 850 233-8532 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$\$\$\$\$\$\$\$55.00 Filing Fee & \$\Bigcup \text{\$\$\$\$\$\$\$\$\$\$\$\$\$\$Certificate of Status & \$\Bigcup \text{\$

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number 1-11000/2/52/ 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name othe new registered agent and/or the new registered office address here: Name of New Registered Agent: 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, enter the title, name, and address of each person being added dr removed from our records:

MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
ce Preside	nt. Douglas D. LAWREN	Ice 102 Derondost Panama City Beach,	
			Change
			□ Remove
			Change
			Remove
			🗆 Change
			Add
			Remove
			Change
			D Add
			Remove SE
			CRETARY OF S
			DRPOR SI
			ATIONS
			Change

Trainending any other information, enter change(s) here. (smoot enamened sheets, y necessary,	
Change Ownership percentage, Jani F. LAWRENCE 50%	
Doyglas D. LAWRENCE 50%	
Effective date, if other than the date of filing:	as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated 12/15/2017 Signature of a member or authorized representative of a member Typed or printed name of signee	SECRETARY OF CORP
Typed or printed name of signee Page 3 of 3	ORATIONS

Filing Fee: \$25.00