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COVER LETTER

TO:

TO:	Registration Se Division of Cor		
CHD IE		rilling & Geophys	sical Services, LLC
SUBJEC	-1: <u> </u>		Name of Limited Liability Company
The encl	osed Articles of	Amendment and f	fee(s) are submitted for filing.
Please re	eturn all correspo	ondence concernin	ng this matter to the following:
		Valerie J. Rei	iid
			Name of Person
		ECS Group o	of Companies
		.	Firm/Company
		14030 Thund	derbolt Place, Suite 500
			Address
		Chantilly, VA	A 20151
			City/State and Zip Code
			mail address: (to be used for future annual report notification)
For furth	ner information o	oncerning this ma	atter, please call:
Valerie	J. Reid		571 299-6054 at ()
	Name o	of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the	he following amor	ont:
■ \$25.	00 Filing Fee	☐ \$30.00 Filir Certificate	ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrity Drilling & Geophysical Services, LLC

(Name of the Limited Lia (A Flo	bility Company as it now as rida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed or	September 30, 2013	and assigned
Florida document number L13000137391	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability compan	y here:	
DGTK, LLC			
The new name must be distinguishable and contain the words "	imited 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 AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe	red office address on o	ur records enter the na	me of the new registere
agent and/or the new registered office address her		ar resorting <u>enter the last</u>	ne or the new regioners
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r Florida street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete performanc l agent as provided for ered office address, I k	e of my duties, and I am in Chapter 605, F.S. O	n familiar with and r, if this document is
	If Changing Registers	ed Agent, Signature of New R	Registered Agent

If amendir	ng Authorized Person(s) a d from our records:	uthorized to	manage, <u>enter the title, name, an</u>	d address of each person being added
MGR = 1 AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				□ Add
				□Remove
				□Change
				□Remove
				Change
.				□Add
				□ Remove
				□Change
				□Add
				□ Remove
				□Change
				□Add
				□Remove
				□Change
	· · · · · · · · · · · · · · · · · · ·			
				□ Remove
				□Change

If amen	ding any other	informatio	n, enter change(s) here:	(Attach additional sheets, if nece	ssary.)
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(If an effect Note: 1)	tive date is listed, the fate inserted	ne date must be in this block		er 11, 2022 (odate of filing or more than 90 days after the statutory filing requirements, this	
he record ord is file		d effective d	ate, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated _	OCTOBER 10		2022		
	Dh				<u> </u>
		Sig	nature of a member or authoriz	red representative of a member	
	David Wilsha	w, Manager			
			Typed or printed i	name of signee	