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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DW	V Pipe 1.	Tech nol ited Liability Company	ogics LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person - Us A Firm/Company	
	1500 N	Florida Mar	go Rd, STE
	_	City/State and Zip Code A an cutt er u to be used for future annual report noti	
For further information co	oncerning this matter, please c	all:	
Lraig U. Name of	nder wood Person	at (<u>561</u>) <u>425</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Address		Strant Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

OWV Pipelining To (Name of the Limited Mability Compa	ch nologie	s LLC	
(A Florida Limited	Liability Company)	······································	20
The Articles of Organization for this Limited Liability Company	were filed on	, 29 2018	and assigned
Florida document numberL\big K\ 000\ 133\ 2\ 7\ 9.			2
This amendment is submitted to amend the following:		(7) (7) (7) (1)	PH 4: 1-10
A. If amending name, enter the new name of the limited liab	ility company here:	- 1 G. 市場	<u>ٿ</u>
A pex CI PP Solutions The new name must be distinguishable and contain the words "Limited Liabi	LC	<u> </u>	1+0
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designatio	n "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	1500 N	Florida	Mango Rd
(Principal office address MUST BE A STREET ADDRESS)	STEZ		
	west p	alm Be.	ACH FL 33409
Enter new mailing address, if applicable:	1500 N F	lonida m	Ango Ad .h, FL 33409
(Mailing address MAY BE A POST OFFICE BOX)	STE 1		
	west Pa	Im Beac	L, FL 33409
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			· <u></u>
	Enter Florida street	t address	
		Florida	
	City	\overline{z}	ip 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 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>	Name	Address	Type of Action
AMBR	Taylor Wilson	1500 N Florida Many	R ∄ ≥ X Add
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			□Remove
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		TALL	CGhange
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ecord specif	fies a delayed effe	ective date. bu	it not an	effective t	ime at 12	·Olamoi	the earli	er of: (h)	The 90th o	lav afte	r the
is filed.								ci 01. (u)	The roll (ia, iiic	
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Filing Fee: \$25.00