LIBOONEUS91

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/2	Žip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
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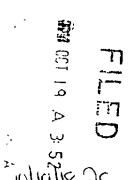
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COVER LETTER

Div	ision of Cor	porations			
CODIEZE.	Ading offic	er/member Sunshine Drilling	LLC		
SUBJECT:		er /member Sunshine Drilling Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		_
		Gabriella Snell			
		Regesterd agents inc	Name of Person		
			Firm/Company		ر یا
		3030 N.rocky point Dr sui	t 150		52
		 	Address		
		Tampa,FL,33607			
		info@agaccount.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	fication)	
For further in	formation co	oncerning this matter, please co	ali:		
G. Snell			850 \$074500 at()		
	Name of	f Person		e Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
		NG ADDRESS:	STREET/COURI		

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Comp. Florida document number L18000164391	any were filed on july-06-2018	and assigned
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 I.	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·····
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	····	<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	··· <u>·</u> ·····	i
		<u> </u>
		w U
B. If amending the registered agent and/or registered registered agent and/or the new registered office address?		enter the nuffe of the
registered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Flor	
	Cîţy	Zip Code

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>	<u>Address</u>	Type of Action
MBR	Cynthia Williette Sellers	1332 NW 13th ave, Ocala,FL,34475	■ Add
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
ne record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier o
Dated 10 16 18	
Signature of a member or authorized represe	
/ — — — — — O.J. I	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00