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COVER LETTER

TO:		stration Sec sion of Corp					
SUBJE		Southeaste	rn Directional Drilling, LLC				
SUBJE	CI; _		Name of Limited L	iability Compa	ny		
The enc	losed	Articles of A	mendment and fee(s) are submitte	d for filing.			
Please r	etu r n :	all correspon	dence concerning this matter to the	following:			
			Danny Everman				
			Southeastern Directional Drilling	Name of Pers	on a		
			3601 Breeders Cup Ct.	Firm/Compa	ıy		
			Gotha, Fl. 34734	Address			
			Cit dannyeverman@gmail.com	y/State and Zip	Code		
For furt	her int	formation co	E-mail address: (to be oncerning this matter, please call:	used for future	innual re	port notification	on)
Danny	Ever	man		321 at (436-)	8300	
		Name of	Person	Area Coo	ie –	Daytime Tele	ephone Number
Enclose	d is a	check for the	following amount:				
■ \$ 25	.00 Fi	ling Fee	□ \$30.00 Filing Fee & □ Certificate of Status	\$55.00 Filing Certified Co (additional cop	ру	sed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Re Di Cli 26	gistratio vision of fton Bui 61 Exec	COURIER / in Section of Corporation filding utive Center e. FL 32301	15

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

Southeastern Directional Drilling, LLC

- C. I. S. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/29/2019 Florida document number L19000116163 This amendment is submitted to amend the following: A. If amending name, enter the new name of the kindited 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter l'Iorida street address City 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

Page 1 of 3

MGR = N AMBR = A	Manager Authorized Member		
<u> Fitle</u>	Name Danny Everman	Address 3601 Breeders Cup Ct., Gotha, FI	Type of Action
MGR 		34734	B Add
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Page 3 of 3

Filing Fee: \$25.00