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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ECTIONAL DRILLING, LLC			
SUBJECT:	Name of Lim	aited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Octavio Baradat			
		Name of Person		
	B DIRECTIONAL DRILLING, LLC			
		Firm/Company		
	5076 NW 84th Ave.			
	**	Address		
	Doral, FL 33166			
	<del>-</del>	City/State and Zip Code		
	octaviobaradat@gmail.co	m	3	
	E-mail address: (	to be used for future annual report notif		
For further information c	oncerning this matter, please c	all:	2	
Octavio Baradat		786 374-7265	·	
Name o	f Person	Area Code Daytime	: Telephone Number	
			<b>د</b> ر	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing 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)	
Mailing Address Registration	Section	Street Address: Registration Sec		
Division of C	•	Division of Cor	-	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&B DIRECTIONAL DRIL	LING, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on06/04/2019	and assigned
Florida document numberL19000141188		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
B DIRECTIONAL DRILLING, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5076 NW 84th Ave.	∞ر دم
Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33166	· · ·
		7.
Enter new mailing address, if applicable:	5076 NW 84th Ave.	
Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33166	· · ·
		<u></u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent.		<u></u>
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City	Zip 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 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>	Address	Type of Action
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n effect o <u>te:</u> If	e date, if other than the date of filing:
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	June 8 2020.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00