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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tarpoh Blasting LLC Name of Limited Liability Compan)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Name of Person
Torpon Blasting LLC Firm/Company
Firm/Company
1709 Cromwell Drive
Audress
Tarpon Springs, FC 34689
City/State and ZTP Code tarponblasting & yahou, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David New Black at 727 580-1362 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

Tarpon B	lasting LLC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number 121000348	npany were filed on 8/1/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n	
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	nme of the new registered
Name of New Registered Agent:		Y
New Registered Office Address:		
	Enter Florida street address	100 mg/s 100 mg/s 100 mg/s
 	, Florida	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 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
MGR	David Neal Black	Tarpon Springs, FC 30	200
			Remove
			□Change
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E. Effective date, if other than the date of filing: Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (30th Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated Dated August 17 August 27 Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated _	august 17 2021
Signature of a member or authorized representative of a member		Agria C. Fres
$11/1$ α α α		Signature of a member or authorized representative of a member Maria C. Falls

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