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COVER LETTER

Division of Corpor	rations			
SUBJECT: D	Name of Limite	ed Liability Company		
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	William	1Cr 000 AC	lams	П
	Drillz	2 Skil	IZLL	<u>C</u>
	344	Gretche	n dr.	
		City/State and Zip Code	761	
-	E-mail address: (to	25killZ@gr be used for future annual re	port notification)	1
For further information conc	cerning this matter, please cal	1:		
William Verni Name of Pe	on Adams III	at (<u>L 07</u>) Area Code	714-112 Daytime Telepho	7 ne Number
Enclosed is a check for the f	ollowing amount:			
SE \$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		Strant Add		

TO: Registration Section

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

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)			
(A Florida Limited Liability Con	pany)			
The Articles of Organization for this Limited Liability Company were filed	on 10/08/2021 and assigned			
Florida document number <u>L21000440 983</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp	any here:			
The new name must be distinguishable and contain the words "Limited Liability Company	the designation LLC or the aboreviating L.L.C.			
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)	<u>-</u>			
B. If amending the registered agent and/or registered office address or	our records, enter the name of the new regist			
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
E	Enter Florida street address			
	, Florida			
City	, 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 wit			
provisions of all statutes relative to the proper and complete performa				

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
MGR	William Vernon Adams	III 344 Gretchendr.	XAdd
		Ocoec, F1 34761	Remove
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f an effective Note: If the	te, if other than date is listed, the date date inserted in thi effective date on th	must be specific a s block does no	ind cannot be pric t meet the appli	cable statutory f	r more than 90 d	_(optional) ays after filing.) Pure ints, this date will	suant to 605.0207 not be listed as
e record spec ed is filed.	ifies a delayed effe	ective date, but n	ot an effective	time, at 12:01 a.	m. on the earlie	er of: (b) The 90	th day after the
Dated A	oril 2	8	2023	? 			
_		Signature of	a member or aut	horized representa	tive of a member	·	

Filing Fee: \$25.00