1222000019071

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2022 SEP 12 AM 11: 30

A. RAMSEY SEP 1 2 2022



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tyson Petroleum Services, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Shannon Tyson Name of Person	
Tyson Petroleum Contractors Firm/Company	
1525 Capital arcle NW, Suite 5	
Tallahassee, FL 32303 City/State and Zip Code	
Styson@tysonpetroleumcontr. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shannon Tuson at (850) 727-0082 Name of Person Area Code Daytime Telephone Number	<u> </u>
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Status Solution Status Solution Solution Solution Status Solution Solu	Status &

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 ARTICLES OF ORGANIZATION **OF**

FILED

11 C 2022 SEP 12 AMIL: 31

Tyson Petroleum S	ervices LLC 2022 SEP 12 AM 11: 34				
Tyson Petroleum S (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on <u>Jan 10, 22</u> and assigned Florida document number <u>L22000019071</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility 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)					
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				

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.

Citv

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
AMBR	Josh L Boyett	1512 Lochinvar Lane	⊠Add
		Tallahassee, FL 32317	□ Remove
			🗆 Change
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lf an ef Note:	ive date, if other than the date of filing: 0 12 22 (optional) fective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the service of the date on the Department of State's records.
e reco rd is fi	rd 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 led.
Dated	$\frac{\alpha 12 22}{\alpha}$
	Signature of a member or authorized representative of a member