Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

-mail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGACY DRILLING AND BLASTING FLORIDA, LLC

Certificate of Status	0
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JUN - 7 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. OF

LEGACY DRILLING AND BLASTING FLORIDA, LLC

(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 03/15/22	and assigned			
Florida document number L22000130593					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Co	ity Company," the designation "LLC" or the abbro	eviation "L.L.C."			
Enter new principal offices address, if applicable:	9358 NW 47th St.				
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33351				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new registered			
New Registered Office Address:	Enter Florida street address	7			
	, Florida				
	City	Zip God e			

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	INES ROHER	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	X iRemove
			□Change
MGR	JOHN ROHRER	7901 4TH ST N STE 300	X 0Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
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ecord specifies a delayed effect is filed.	ive date, but not an eff	ective time, at 12	:01 a.m. on the earl	ier of: (b) The 90t	h day after the
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Morgan No	Signature of a thember	r or authorized repi	resentative of a memb	er	

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