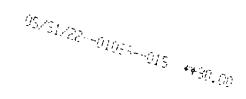
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	BEKS	LINE BORING & WELDING	G, LLC	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed Ar	rticles of	Amendment and fee(s) are suf	omitted for filing.	
Please return all	correspo	ondence concerning this matter	to the following:	
		BRYCE J WILLIAMS		
			Name of Person	
		BEK'S LINE BORING &	WELDING, LLC	
			Firm Company	
		438 DYLAN DRIVE		
			Address	
		PORT ORANGE, FL 321.	27	
		 -	City/State and Zip Code	
		BEKSWELDING@GMAI		
		E-mail address: (to be used for future annual report not	tification)
For further infor	mation c	oncerning this matter, please c	all:	
BRYCE J WILL	JAMS		386 871-2870	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is a che	eck for th	ie following amount:		
□ \$25,00 Filin	g 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)
Regist Divisio P.O. B	ox 632	Section orporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

'ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 31 AM 10: 25

Zip Code

BEKS LINE BORING & WELDING, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on APRIL 29, 2022 Florida document number 1.22000203967	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	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 address on our records, <u>enter the agent and/or the new registered office address here</u> :	name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florid:	il

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.

City

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	BRYCE J WILLIAMS	438 DYLAN DR. PORT ORANGE, FL 32129	= Add
			□Remove
			⊡Change
AMBR	ERICA GUAY	438 DYLAN DR. PORT ORANGE, FL 32129	
		·	□Remove
			■ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
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content s crice	ctive date on the Departm	ent of State's records.				
record specifies	s a delayed effective date.	but not an effective time.	at 12:01 and on the	earlier of: (b)	The 90th day at	dv.
is filed.			W 12.00 man, var vice	carner or, (ii)	The Annuay and	er me
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