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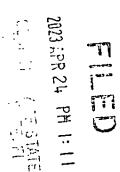
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Y. SCOTT JUN 1 1 2023

COVER LETTER

Division of Co					
CORNERS	STONE SITE & SEPTIC LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Mathew C. Kirk				
		Name of Person			
	CORNERSTONE SITE &	SEPTIC LLC			
		Firm/Company		2023 A SECT	
	PO Box 484			2023 EPR 24	**
		Address		24	Ī
	Lynn Haven, FL 32444			PM 1:11	1
		City/State and Zip Code			
	COLDSTEELCOWBOYSL	3.5		<u> </u>	
		o be used for future annual report notif	ication)		
For further information of	oncerning this matter, please ca	dl:			
Mathew C. Kirk		850 704-6945 at ()			
Name c	d Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$555.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sec	etion		
Division of C	Corporations	Division of Corp	porations		
P.O. Box 632		The Centre of Ta		10	
Tallahassee.	r に 34314	2415 N. Monroc	: Street, Suite 8	IU	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORNERSTONE SITE & SEPTIC 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 $\frac{11/04/2022}{1}$ Florida document number _____L22000473578 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COLD STEEL COWBOYS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviate 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, enter the name of the new registered agent and/or the new registered office address here: CHELINIA D. KIRK Name of New Registered Agent: 13328 OTTER CREEK BRIDGE ROAD New Registered Office Address: Enter Florida street address _____, Florida 32437 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.

Cuv

EBRO

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
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			□Remove
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Effective date, if other than the d If an effective date is listed, the date must b	ate of filing:	1	(optional)
	ck does not meet the applicat	ble statutory filing requiren	nents, this date will not be listed a
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Filing Fee: \$25.00