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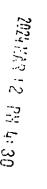
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COVER LETTER

TO:

Registration Section
Division of Corporations

67381 OIL CITY ROAD LLC SUBJECT: 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: KEVIN MAHIEU Name of Person 67381 OIL CITY ROAD LLC Firm/Company 4732 CRAWFORD DR Address THE COLONY, TX 75077 City/State and Zip Code KMAHIEU@DRYDENCOMPANY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **KEVIN MAHIEU** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

67381 OIL CITY ROAD 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 and assigned Florida document number _____1.23000017224 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" or the abbreviation "L.L.C." 4732 CRAWFORD DR Enter new principal offices address, if applicable: THE COLONY, TX 75077 (Principal office address MUST BE A STREET ADDRESS) 10 3 4732 CRAWFORD DR Enter new mailing address, if applicable: THE COLONY, TX 75077 (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida __

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	JAMES MAHIEU	694 RANDALL ROBERTS RD	🗆 Add
		FORT WALTON BEACH, FL 32547	Remove
			DChange
			🗆 🗆 🗀 Add
		- .	□Remove
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	ock does not meet the applicab	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 ble statutory filing requirements, this date will not be listed as th
the record specifies a delayed effective cord is filed.	e date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MARCH 2	2024	
<u>Kevin Mahieu</u>		ized representative of a member
Res 1 17 60 Mark 2 24 12 39 31	Signature of a member or author	ized representative of a member
KEVIN MAHIEU		
	Typed or printed	name of Signee

• •

Filing Fee: \$25.00