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COVER LETTER

TO:

TO: Registration Division of C			
	MS DRILLING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	BRANDY S DURHAM		
		Name of Person	
	DURHAMS DRILLING L	.LC	
		Firm/Company	
	21990 SE 147TH PLACE		
		Address	
	UMATILLA FLORIDA 3	2784	
	CHANGA CARROSS AND	City/State and Zip Code	
	CHAMPA GNE 252@AOL. E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	alt:	
BRANDY S DURHAN	И	352 821-2280	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing 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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DURHAMS DRILLING 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 $\frac{06/27/2023}{1}$ and assigned Florida document number <u>L23000309178</u> 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." 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: 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.

Cin

___, 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>		Type of Action
MGR	JONATHAN M WILKERSON	36809 MERIDIAN CIR, GRAND ISLAND FL 3273	5
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Effective date, if other tha	n the date of filin	ıg:			(optio	nal)	
fan effective date is listed, the da Note: If the date inserted in	te must be specific and his block does not t	d cannot be price meet the appli	or to date of fili icable statutor	ng or more that V filing requ	in 90 days after i iirements, this	filing.) Pursuant date will not	t to 605.0207 be listed as:
document's effective date on	the Department of S	State's record	ls.	J			
e record specifies a delayed e	fective date, but not	t an effective	time, at 12:01	a.m. on the	earlier of: (b)	The 90th da	ay after the
rd is filed.							
JULY IST		2024 .					
Dated	$\overline{\Omega}$. 5	 •				
flundy	W						
	Signature of a	member or aut	thorized represo	ntative of a n	nember		