

L99 000001330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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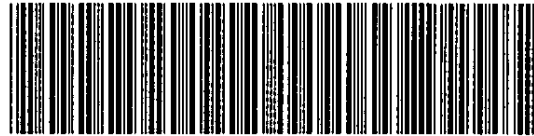
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVINGSTON INVESTMENTS, L.L.C.
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:

CHESTER F. ENGLISH 3RD

Name of Person

ENGLISH DISTRIBUTION, INC.

Firm/Company

251 NE DIXIE BOULEVARD

Address

DELRAY BEACH, FLORIDA 33444

City/State and Zip Code

✓ STIMCONSUL@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN G. STIM, ATTORNEY

Name of Person

at (212)

9777980

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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIVINGSTON INVESTMENTS, L.L.C.

(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 3/10/99 and assigned
Florida document number L99000001330

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FOLEY DRILLING, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

251 NE DIXIE BOULEVARD

(Principal office address **MUST BE A STREET ADDRESS**)

DELRAY BEACH, FLORIDA 33444

Enter new mailing address, if applicable:

251 NE DIXIE BOULEVARD

(Mailing address **MAY BE A POST OFFICE BOX**)

DELRAY BEACH, FLORIDA 33444

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:

ENGLISH DISTRIBUTION, INC.

New Registered Office Address:

251 NE DIXIE BOULEVARD

Enter Florida street address

DELRAY BEACH

Florida

33444

City

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ENGLISH DISTRIBUTION	251 NE DIXIE BOULEVARD DELRAY BEACH, FLORIDA 33444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	INC.		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHESTER F. ENGLISH	777 S. FLAGLER DRIVE, STE 900W WEST PALM BEACH, FL 33401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER 2


Signature of a member or authorized representative of a member

CHESTER F. ENGLISH 3RD

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA