

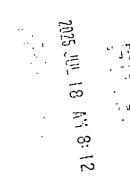
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Loggerhead Land	Services, Inc.				
DOCUMENT NUMI	BER: P05000087442					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	atter to the following:				
		Name of Contact Person				
	McCullough Law					
		Firm/ Company				
	5255 N. Edgewood Dr., Suit	e 300				
		Address				
	Provo, UT 84604					
		City/ State and Zip Code	2			
	records@mlutah.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, plea	se call:				
Emily Odunze		at (<u>801</u>	765-0279			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Loggerhead Land Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P05000087442 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position, Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) X Change	V	Michael Carlton	1119 Sunset Ridge, Ln,
Add			Tarpon Spring, F1 34689
Remove			
2) Change	ST	Lisa Marie Hruby	12330 Eclipse Court
X Add			New Port Richey, FL 34654
Remove 3) Range			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

ATTACH (ICIG	litional sheet:	additional Ar s, if necessary).	(Be specifi	c)				
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fan amen	dment provi	ides for an exc	change, reclas	sification, or o	cancellation	of issued sha	res	
provision	s for implem	enting the am	endment if no	ot contained in	n the amend	ment itself:		
(if not	applicable, i	indicate N/A)						
-								
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The date of each amendment(s date this document was signed.	s) adoption:	May 1, 202	25	, if other than the
Effective date <u>if applicable</u> : _				
	(no m	ore than 90 days after a	mendment file date)	
Note: If the date inserted in the document's effective date on the			y filing requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(CHECK (ONE)		
☐ The amendment(s) was/were action was not required.	adopted by the incorpo	orators, or board of direc	tors without shareholder	action and shareholder
The amendment(s) was/were by the shareholders was/wer			otes cast for the amendm	ient(s)
☐ The amendment(s) was/were must be separately provided				lement
"The number of votes of	ast for the amendment((s) was/were sufficient f	or approval	
by			·•·	
	(voting gro	up)		
Dated				
Signature	trabell			
			ors or officers have not be	
	cted, by an incorporato ointed fiduciary by that		eceiver, trustee, or other	court
	Elizabeth Hokanso	on		
	(Typed (or printed name of perso	on signing)	
	Authorized Signer			
	(Title of	f person signing)		