P05000141018

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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
AND ANSSES FLORING

Amen C.COULLIETTE MAY 29 2009 EXAMINER

TO: Amendment Section Division of Corporations

Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: | FLORI | DA GEOTECHNICAL DE | RILLING, INC | |
|--|---------------------------|---|---|-----------------|
| DOCUMENT NUMBER: | | P05000141018 | 3 | |
| The enclosed Articles of Amend | <i>ment</i> and fee ar | e submitted for filing. | | |
| Please return all correspondence | concerning this | matter to the following: | | • ; |
| | | OEMI RIVERO | | |
| | | | | |
| • | Na | ame of Contact Person | | .• |
| <u> </u> | LORIDA GEO | TECHNICAL DRILLING, INC | <u>c</u> | |
| | • | Firm/ Company | | |
| · · | 980 | 8 NW 80 AVENUE | | |
| • | | Address | • | |
| | •. | | | |
| | HI | ALEAH, FL. 33016 | | • |
| | · Ci | ty/ State and Zip Code | | |
| | | , • | | |
| E-mail a | address: (to be used | for future annual report notification) | | |
| • | | • | .• | |
| For further information concerni | ing this matter, | please call: | | • |
| NOEMI RIVEI | RO | at () | | |
| Name of Contact Person | on | Area Code & Daytime T | elephone Number | • |
| Enclosed is a check for the follo | wing amount m | ade payable to the Florida Depa | artment of State: | |
| \$35 Filing Fee \$43.75 F Certifica | iling Fee & tte of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing F Certificate of S Certified Copy | tatus |
| | · | | (Additional Co | py is enclosed) |
| Mailing Address Amendment Section | | Street Address Amendment Section | | |

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA GEOTECHNICAL DRILLING, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000141018

(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:

| amendment(s) to its Articles of Incorporation: | |
|---|---|
| A. If amending name, enter the new name of the c | orporation: |
| N/. | A . The new |
| name must be distinguishable and contain the weatherviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession | ord "corporation," "company," or "incorporated" or the nation "Corp," "Inc," or "Co". A professional corporation nal association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD) | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 0X). 11459 SW HILLCREST CIR |
| | PORT ST LUCIE, FL. 34987 |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | ered office address in Florida, enter the name of the office address: |
| Name of New Registered Agent: NOE | MI RIVERO |
| 2112 | 2 WEST 54 STREET |
| New Registered Office Address: | (Florida street address) |
| HIAL | .EAH , Florida_33016 |
| | (City) (Zip Code) |
| | I am familiar with and accept the obligations of the position. |
| Signati | ure of New Registered Agent, if changing |

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)

| <u>Title</u> | Name | Address | Type of Action | |
|---------------------------------------|--|--|---------------------------------------|--|
| <u>P</u> | P NOEMI RIVERO 2112 WEST 54 STREE HIALEAH. FL. 33016 | | Add Remove | |
| <u>VP</u> | MARIA RIVERO | 11459 SW HILLCREST CIR PORT ST LUCIE, FL. 34987 | ☑ Add □ Remove | |
| | | - CAT SI, LOUIE, FL. 194907 | | |
| · ; | | | Remove | |
| | ling or adding additional Articles, ediditional sheets, if necessary). (Be s | | | |
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| provisio | | e, reclassification, or cancellation of nt if not contained in the amendmer | | |
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| The date of each amendmen | t(s) adoption: <u>05/12/200</u> | 9 . | <u> </u> | · · · |
|--|---|-----------------------|---------------------|-------------------|
| Effective date if applicable: | 05/12/2009 | f , | | |
| <u></u> | (no more than 90 days af | ter amendment file | date) | |
| • | | | | • |
| Adoption of Amendment(s) | (CHECK ON | NE) | | |
| | ere adopted by the sharehol ere sufficient for approval. | | of votes cast for t | he amendment(s) |
| must be separately provid | ere approved by the sharehord for each voting group en | ntitled to vote sepai | ately on the ame | |
| "The number of votes | cast for the amendment(s) | was/were sufficier | it for approval | |
| by | (voting group) | | • | |
| | (voting group) | | | |
| | ere adopted by the board of | directors without s | shareholder action | n and shareholder |
| action was not required. | | | | . •• |
| The amendment(s) was/we action was not required. | ere adopted by the incorpor | ators without share | holder action and | l shareholder |
| | | | | |
| Dated 5 | -19-09 | | | • |
| | Alex | | | |
| Signature _ | y a director, president or other | her officer – if dire | ctors or officers h | nave not been |
| | ected, by an incorporator – | | | |
| . ap | pointed fiduciary by that fid | luciary) | | |
| | NOEMI Rive | vo | | |
| | | inted name of pers | on signing) | - |
| | Presiden | T | | |
| • | (Title of person : | signing) | | • |