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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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OCT 09 2015 J SHIVERS

COVER LETTER

| | ation Sect n of Corpo | | | |
|--------------------|--------------------------|---|---|--|
| | NWATEC | , LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed Art | ticles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all | correspond | dence concerning this matter | to the following: | |
| | | HENNING CLASEN | | |
| | | · · · · · · · · · · · · · · · · · · · | Name of Person | |
| | | SENWATEC, LLC | | |
| | | | Firm/Company | |
| | | 6449 SOUTH TEX POINT | Γ | |
| | | | Address | |
| | | HOMOSASSA, FL 34448 | | |
| | | | City/State and Zip Code | |
| | | info@senwatec.com | | ···· |
| | • | | to be used for future annual report not | ification) |
| For further inform | mation cor | scerning this matter, please ca | all: | |
| HENNING CLA | ASEN | | 352 503-9363 at () | |
| | Name of F | Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a che | eck for the | following amount: | | |
| \$25.00 Filing | g 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

| SENWAYEC, LLC | | |
|--|---|---------------------------------------|
| (<u>Name of the Limited Lis</u> (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on 08/03/2015 | and assigned |
| lorida document number L15000132588 | | |
| his amendment is submitted to amend the following | 5, | |
| . If amending name, enter the new name of the | limited liability company here: | |
| DREDGE BOATS, LLC | | |
| he 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 AL | ODRESS) | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered | egistered office address on our records, ent | er the name of the I |
| egistered agent and/or the new registered office a | nddress nere: | · · · · · · · · · · · · · · · · · · · |
| Name of New Registered Agent: | | 90 |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Zip Code |
| Jew Registered Agent's Signature if changing Degist | ared Agents | 10. Cap |

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = | Authorized Member | | · |
|--------------|-------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | D Add |
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| Effective date, if other than the date of filing: ((fran effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier.) The 90th day after the record is filed. Dated Oct. 5, 2015 M. J. | | | | _ |
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| Signature of a member or authorized representative of a member | | | | |
| | H. Ilanov | | | |

Page 3 of 3

Filing Fee: \$25.00