## L18000060083

(Requesto	r's Name)
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
	lo SCUBA, LLC.				
SUBJECT:	Name of Lim	ited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jeffrey L. Boles				
		Name of Person			
	Tri-Trox SCUBA, LLC.				
		Firm Company		<del></del>	
	5805 SW 115th Street Road	d			
		Address			
	Ocala, FL 34476				
		City/State and Zip Code		<del>_</del> _	
	tritroxscuba@gmail.com	to be used for future annual report notifi		_	
For further information c	oncerning this matter, please co	·	Catton		
Jeffrey L. Boles		407 801-1984 at ()	ت ہر	850499	4967
Name o	f Person	Area Code Daytime	Telephone Numl	ber	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Sec	tion		
Division of C		Division of Corp The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East Orlando SCUBA, LLC.	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 3/1/2021 and assigned
Florida document number L18000060083	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	oility company here:
Tri-Trox SCUBA, LLC.	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
	ja . 1 (292)
Enter new mailing address, if applicable:	(7) (7) (7) (7) (7) (7) (7) (7) (7) (7)
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, Florida

## 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 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Jeffrey L. Bok	ne.
J/W	Signature of a member or authorized representative of a member
Dated March 1	. 2021
d is filed.	
record specifies a delaye	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
iote: If the date inserted	in this block does not meet the applicable statutory filing requirements, this date will not be listed as a on the Department of State's records.
ffective date, if other	than the date of filing:
-	
-	
<del></del>	

Filing Fee: \$25.00