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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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A. BUTLER

JAN - 9 2023

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | porations | | | |
|---|--|--|--|--|
| SUBJECT: KIC | K Marine S | Solutions LLC 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: | | |
| | Cason | D KVK Name of Person | | |
| Kirk Marine Solutions Finn/Company 342 6th Street Address | | | | |
| | 342 6th | Street | | |
| | Atlantic Bench | City/State and Zip Code 9 M 1. COM to be used for future annual report notif | 2233 | |
| | Casonkirk® | on the second of | (cation) | |
| For further information c | oncerning this matter, please ca | | | |
| Cason | Kirk | at (<u>904)</u> <u>316-7</u> Area Code Daytime | 380 | |
| Name o | f Person | Area Code Daytime | e Telephone Number | |
| 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) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addres Registration S | Section | Street Address: Registration Sec | | |
| Division of C P.O. Box 632 | • | Division of Cor The Centre of T | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | OF | FUED |
|--|---------------------------------|--------------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | ns LLC | 2022 OCT 13 AM P. 16 |
| (Name of the Limited Liability Comp | any as it now appears on our | records.) 411 8: 16 |
| (711 Israel Crimico | manny company | SECRETARY OF STATE |
| The Articles of Organization for this Limited Liability Company | y were filed on April | 5th W77 Fandlassigned |
| Florida document number L22000161854 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| ab marine 11c | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 342 6th | Street |
| (Principal office address MUST BE A STREET ADDRESS) | Atlantic Beach | n, Flurida |
| | 32133 | _ |
| Enter new mailing address, if applicable: | 342 6th | Street |
| (Mailing address MAY BE A POST OFFICE BOX) | Atlantic Be | Street ich, Florida, |
| (maining dualess MAT DE ATOST OFFICE DOX) | 31133 | |
| B. If amending the registered agent and/or registered office | address on our records | outer the name of the new registers |
| agent and/or the new registered office address here: | address on our records, | enter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | , Florida |
| | Ciţv | 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
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| ectiv | ve date, if other than the date of filing: Date of filing (optional) |
| ı effo | ctive 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 605.020 |
| | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records. |
| | |
| cord | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| s file | ed. |
| | |
| ed_ | 10-11-22 12:00pm. |
| | |
| | Signature of a member or authorized representative of a member |
| | Cason Kirk |
| | 1 - 7 - 1/2 - 1/4 |

Typed or printed name of signee