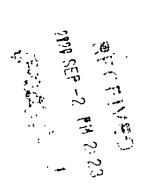
(Re	questor's Name)	
hA)	dress)	
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(Cit	y/State/Zip/Phon	e #)
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DATE:

9/2/20

NAME:

AC/DC MARINE LLC

TYPE OF FILING: AMENDMENT

COST:

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RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HQ

COVER LETTER

TO: Registration So Division of Con			
	ARINE LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Luke pittendreigh		
		Name of Person	
	AC/DC MARINELLC		
		Firm/Company	
	1450 SW 130th Avenue		
		Address	
	Davie,Florida 33325		
		City/State and Zip Code	
	acdcmarine1@gmail.com	to be used for future annual report i	a viction)
For further information of	concerning this matter, please c	·	ionication,
Luke pittendreigh		954 708 8838	3
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he 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		Street Address	
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 6327			f Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	The Articles of Organization for this Limited Liability Company	were filed on 2/11/2020	and assigned
A. If amending name, enter the new name of the limited liability company here: The 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	Florida document number L20000049042		
The 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	This amendment is submitted to amend the following:		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	A. If amending name, enter the new name of the limited liabi	lity company here:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	Enter new principal offices address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	Enter new mailing address, if applicable:		
	(Mailing address MAY BE A POST OFFICE BOX)		
		-	
		ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address	New Registered Office Address:	Futor Florida street address	<u> </u>
, Florida			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
AMBR	Luke pittendreigh	1450 SW. 130th Ave., Davie, FL 33325	Add
			Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
		Change	
		□Add	
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Add
			□Remove
			∏ Changa

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
(If an effectiv <u>Note:</u> If the	date, if other than the date of filing:
the record sp cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
08/2 Dated	28/2020
	Signature of a member or authorized representative of a member
	Luke pittendreigh
	Typed or printed name of signee

Filing Fee: \$25.00