## L13000092564

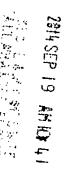
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporati	our,			
SUBJECT: Auto	Marine	Services LLC ed Liability Company		
The enclosed Articles of Amen	iment and fee(s) are sub	mitted for filing		
Please return all correspondence	concerning this matter	to the following:		
_ <del>f</del>	Richard	A. Lee Name of Person		
	<del></del>	Firm/Company	2814 SEP	
_1	279 Sha	dy Oak wane		3 con a
<u>T</u>	seLand,	FL 32720 City/State and Zip Code		(,,,
<u>d</u>	raggan X	be used for future arranal report notificati	on)	
For further information concerns	ing this matter, please ca	n:		
Richard A. Name of Person	Lee	at (386) 848 - 60 Area Code & Daytime Te	8 Lo kephone Number	
Enclosed is a check for the follo	wing amount:			
ta \$25.00 Filing Fee □\$3	0.00 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Auto Mari	<u>ne Se</u>	rvices,	<u>LLC</u>		
Name of the Limited Lie (A Fk	orida Limited Li	y as it now appe ability Company	)		
The Articles of Organization for this Limited Liabi Florida document number <u>L. 130000925</u>		were filed on	06/27/20	and assign	red
This amendment is submitted to amend the following	ng:			Zell SEP	200 - 945 3 1
A. If amending name, enter the new name of th	e limited liabi	lity company h	e <u>re</u> :	50 F	
The new name must be distinguishable and end with the "L.L.C."	e words 'Limit	ed Liability Com	perry," the designation	LLC" or the abbi	reviation
Enter new principal offices address, if applicable	e:	1279	shady oc	ik Lane	<del></del>
(Principal office address MUST BE A STREET A	(DDRESS)	DeLan	d, FL 32	720	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	1279 : DeLan	shady Oa d, FL 32°	K Lane 120	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, ente	r the name of t	he new
Name of New Registered Agent:					
New Registered Office Address:	1279 5	hedy O	nter Florida street a	ddress	
-	DeLan	City	, Florida	327 2.0 Zip Code	<del></del>
New Partietared Apant's Signature, if changing Regi	stered Agent:	r		-	

I here by accept the appointment as registered agent and agree to act in this capacity. Ifurther 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 608, 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.

ir amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			2814 SEP 19
			Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add

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4 1/4			
			2814 SEP
Augus	1 25 /2014	10000000000000000000000000000000000000	19
J	Signature of a member or authorized representative of a member	THE STATE OF THE S	

Page 3 of 3

Filing Fee: \$25.00