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(Re	questor's Name	·)
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(Do	cument Numbe	r)
Certified Copies	Certificate	es of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: Superior Mandoft	arise Industries, 210.
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
	Me Rimbolo Name of Person
Superii	Marine Industries
2319	Gruava Dr. Address
Edge Wa Superior E-mail address	City/State and Zip Code + Ower So gmail: Com ss: (to be used for future annual report notification)
For further information concerning this matter, pleas Rachelle Rumb Name of Person	at (386.) 453 × 0955 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & S60,00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION:

Superior Marine Industries UC

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

(A Florida Limited Liability Company)

(A Liolida Emined El	ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L.1500000976</u>	were filed on	1.15.201.	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the des	ignation "LLC" or the at	obreviation "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 acagent and/or the new registered office address here:	ddress on our rec	cords, <u>enter the nan</u>	ie of the new registered
Name of New Registered Agent:		····	
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	City		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 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 on removed from our records:

MGR = Ma $AMBR = Au$	nnager ithorized Member	A Committee of the State of the	
<u>Title</u>	Name 2	Address PH 3: 21	Type of Action
AMBR	nager othorized Member Name Louis Rumbolo 2	2319 Ognava Dr. edgewater, FL 32	
			Remove
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<u>Note:</u>	ive date, if other than the date of filing:
f the recor record is fil	d 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 ed.
Dated	9/8/2026 Signature of a member or authorized representative of a member
	RACHELLE Sumbol of a memory of

Filing Fee: \$25.00