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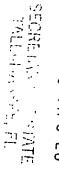
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COVER LETTER

ro:	Registration Sec Division of Corp			
SUBJE	ct: Low	Tide Diving an	d Dock Repair, LLC ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	to the following:	
		Joel	Colgrove Name of Person	
		Low Tic	te Diving and Dock Firm/Company	Repair
		9730 Ba	Address	
		Riveru	City/State and Zip Code	
			e diver a gmail. com o be used for future annual report notific	
Car fort	har information co	E-mail address: (to oncerning this matter, please ca		cation)
ros turi	ner information ce	incerning this matter, please ca	ш.	
Joel Colgrove Name of Person			at (<u>813</u>) <u>841-1</u> Area Code Daytime	Z45 Telephone Number
Enclose	d is a check for the	e following amount:		
X 2 S25	5.00 Filing Fee	S30.00 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 S		Street Address: Registration Sect	iion

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Low Tide Diving and (Name of the Limited Liability Compa	Dock Repair, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>LISOO0123557</u> .	were filed on 7-20-2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Low Tide Diving, LLC The new name must be distinguishable and contain the words "Limited Liabil		
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		S 20
		20 J
		A
Enter new mailing address, if applicable:		ω 📜
Mailing address MAY BE A POST OFFICE BOX)		P. III
		Si Ci
 If amending the registered agent and/or registered office a agent and/or the new registered office address here: 	iddress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	, Fl	lorida
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
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	is listed, the date n	nust be specific and c	innot be prior to t	iate of fifing or mo	ore than 90 days	after filing.) P		
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