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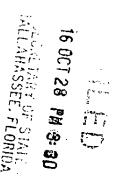
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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# **COVER LETTER**

Div	ision of Corp	orations					
SUBJECT:	Back Bay Marine Construction LLC						
SUBSECT.		Name of Limited Liability Company					
The enclosed	l Articles of A	mendment and fee(s) are subr	mitted for filing.				
Please return	all correspon	dence concerning this matter t	to the following:				
		Rodney Troost					
			Name of Person				
Back Bay Marine construction LLC							
	<u> </u>						
		4765 Gulf Shores rd					
			Address				
		St James City FI 33956					
			City/State and Zip Code				
		backbaymarineconst@gmai					
		E-mail address: (t	to be used for future annual report notific	cation)			
For further i	nformation co	ncerning this matter, please ca	all:				
Rodney Tro	ost		239 707-1828				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is	a check for the	e following amount:					
<b>■</b> \$25.00 I		□ \$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 ADDRESS:

TO:

**Registration Section** 

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Back Bay Marine Construction LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa Florida document number L1500u126744	ny were filed on 10-25-2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- Milate	
(Principal office address MUST BE <u>A STREET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 OCI
B. If amending the registered agent and/or registered	office address on our records, en	ter the Sname of the
registered agent and/or the new registered office address h	<u>iere</u> :	S IALL
Name of New Registered Agent:		<b>~1.</b>
New Registered Office Address:	Enter Florida 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
VP	Lee A Troost	PO Box 191	B Add
		ST James City Fl 33956	Remove
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·			Add
		<del></del>	☐ Remove
			Change
<del></del>			<u>♀</u> □ Add □ <b>36</b>
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Filing Fee: \$25.00