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COVER LETTER

TO:	Registration S Division of Co		;						
SURT	FCT·	KENYON MARINE CON	STRUCTION, LLC .						
Name of Limited Liability Company									
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please	return all correspo	ondence concerning this matter	to the following:						
		MATTHEW E-KENYON							
			Name of Person						
	KENYON MARINE CONSTRUCTION, LLC								
Firm/Company									
5772 TIMUQUANA ROAD									
			Address						
		JACKSONVILLE, FL 322	110						
			City/State and Zip Code						
		bgriffin@dbkenyon.com	. 1 . 10 . A						
			to be used for future annual report notif	ication)					
For fu	rther information of	concerning this matter, please co	all:						
Barba	ra Griffin		904 394-8258 at ()						
	Name o	of Person		Telephone Number					
Enclos	sed is a check for t	he following amount:							
\$2	5.00 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 ADDRESS: 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

KENYON MARINE CO	,		
(Name of the	Limited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.) y)	
he Articles of Organization for this Limit	, , ,	NOVEMBER 18.2016	and assigned
orida document numberL160002120			
nis amendment is submitted to amend the	e following:		
If amending name, enter the new name	me of the limited liability company	here:	
'A			
ne new name must be distinguishable and contain	the words "Limited Liability Company," th	ne designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if a	pplicable: N/A		
rincipal office address MUST BE A ST	•		
			. 3
nter new mailing address, if applicable	. N/A		6 NO
failing address MAY BE A POST OFF		SS	
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		E	
If amending the registered agent	and/or registered office address	on our records, enter the	، حور
gistered agent and/or the new register			ES
Name of New Registered Agent:	MATTHEW E-KENYON		
New Registered Office Address:	N/A		
	Enter l	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.

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
N/A			Add
			Remove
			☐ Change
			□ Add
			Remove
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			Remove
			☐ Change
., ,,_,,,			□ Add
			Remove
			□ Change
			
			□ Remove
			☐ Change

	Name should b	e MATTHEW	EKENY	YON for	Register	ed Agent	and Regist	ered Agent	Signature		
The 1	lame should b	e MATTHEW	ÆKENY	YON for	Authoriz	ed Repres	entative S	ignature.	. —		
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Filing Fee: \$25.00