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(Re	questor's Name)	
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SECRETARY OF STATE STATE OF CORPORATIONS

T. MATTHEWS

JUL -8 2022

COVER LETTER

TO: Registration Section Division of Corporation	s	•		,
SUBJECT: S		ce Marir ed Liability Company	ne L	LC.
The enclosed Articles of Amendm	ent and fec(s) are subn	nitted for filing.		
Please return all correspondence co	oncerning this matter t	o the following:		
	Ro	OBE/2T Name of Person	CINCE	WT
	Sund	VVANCE Firm/Company	Mari	ne LLC
	5287	6/St Ave	5	
	St.Pe	City/State and Zip Gole,	, FL g @ g,	33715 Mail.com
For further information concerning			ерон поннежно	,
ROBEIZT Name of Person	INCENT	at (<u>727)</u> Area Code	386-3	3 2-64 phone Number
Enclosed is a check for the follow	ing amount:			
	0.00 Filing Fee & certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Ad</u> Registra	dress: tion Section	

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

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 FILED

O	F STUNETARY OF STATE DIVISION OF CORPORATIONS
(Name of the Limited Liability Compar (A Florida Limited L	- Marine 22 May In All 9: 00 ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 463000 41.60	were filed on $\frac{4-28-22}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The 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)	5287 61St AVES St. Petersburg, FL 33715
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Carol	Hnatule

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

St Peters burg, Florida 33715

City Zip Code

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

Type of Action Title Name VP Robert Tikeph Vincent _______ 5287 61St Ave S DRgmove St. Peters birg, IL337 Es Change Jonathan BASMONY 5287 61St Aves DAdd 5+ Petersburg, FL Jamove _____ □Change Sec Alice Vincent 5287 615+ Ave S DAdd St. Petersburg FL 33715 KRemove Robert John Vincent 5287 615+ Ave S. DAdd 51. Petersburg FL Bemove ___ Change MGR Robert John Vincent 5287 61St Ave S. Dodo St. Petersburg FL 33715 Remove ☐ Change □Add Change

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	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	.020
te: If (he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	
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ted	Signature of a member or authorized representative of a member PARTOT at Man 18 F of T	

Filing Fee: \$25.00