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Amend

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SEABEE MARINE CONSTRUCTION, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES KARL Name of Person JAMES KARL & ASSOCIATES, P.A. Firm/Company 1095 BALD EAGLE DRIVE, SUITE I Address MARCO ISLAND, FL 34145 City/State and Zip Code jim@karllawfirm.com E-mail address: (to be used for future annual report/notification) For further information concerning this matter, please call: **TOBIAS** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEABEE MARINE CONSTRUCTION, LLC

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

The Articles of Organization for this Limited Liability Compa	my were filed on $\frac{12/14/2}{1}$	016 and assigned
Florida document number L16000226228		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		ယ်
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		23
		ن ن
B. If amending the registered agent and/or registered		r records, enter the name of the ne
registered agent and/or the new registered office address h	<u>iere</u> :	
N CN D I LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s.	treet address
	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my us provided for in Chap	duties, and I am familiar with and need to the other 605, F.S. Or, if this document is
If C	hanging 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NANCY SCIOG	933 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145	■ Add
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Document	t be specific and cannot book does not meet the a	applicable statutory	or more than 90 days	optional) s after filing.) Pursuant to s, this date will not be	605.0207 listed as
		ut not an effecti	ive time, at 12:	01 a.m. on the ea	ırlier of
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The 90th day after the rec	2019				
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The 90th day after the record specifies a delayed. The 90th day after the record specifies a delayed. Dated AUGUST 27 Dated August 27	——————————————————————————————————————	·			_
The 90th day after the rec		т authorized represen	tative of a member		-

Page 3 of 3

Filing Fee: \$25.00