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R. WHITE FEB 24 2020 31 7:1:09

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: 2010	Marine <	Services II()
	Name of Films	ned Engliny Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	<u> </u>	AILA TOOOVC	
	•		•
		Firm/Company	· - ,
	8001 Lakei	MINT (+	
	Plantation	City/State and Zip Code	10 h 00 0 0 0
	E-mail address: (t	to be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	all:	
Name of I	heldire Person	at (SQ) Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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 OF

Doual Marin	ir Sprvice	5 LAURO 31 PH 1:09
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
		·
Face and the address of smaller bloom		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Maning dadress MAT BE A FOST OFFICE BOA)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
Negistered (/mee //ddress.	Enter Florida s	reet 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>	Address	Type of Action
W.	Judith Theodore	800) La repointe Ct	🗀 Add
		Plantation FL 333	(∠) i¥Remove
			□Change
			🗆 Add
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			□Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

C. Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
Dated January 27 . 3020.
Signature of a member or authorized representative of a member
Typed or printed name of signee