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(C	City/State/Zip/Phone #)			
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COVER LETTER

TC	**	n Section Corporations
61.		LE MARINE SERVICE & REPAIR, LLC
SU	ВЈЕСТ:	Name of Limited Liability Company
Th	e enclosed Article	s of Amendment and fee(s) are submitted for filing.
Ple	ease return all corr	espondence concerning this matter to the following:
		Gary Whitehead
		Name of Person
		MOBILE MARINE SERVICE & REPAIR, LLC
		Firm/Company
		2957 KOSUTH RD. NE
		Address
		PALM BAY, FL 32905
		City/State and Zip Code
		whiteheadgary61@yahoo.com james.crounsc@gmail.com
		E-mail address: (to be used for future annual report notification)
Fo	r further informati	on concerning this matter, please call:
Ga	ary Whitehead	321 339-9453 at ()
	Na	me of Person Area Code Daytime Telephone Number
En	closed is a check t	for the following amount:
	\$25.00 Filing Fe	e ☐ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

MOBILE MARINE SERVICE & REPAIR, 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 Company were filed on 04/12/2017 and assigned Florida document number ____L17000082583 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 designation "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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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: Enter Florida street address

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.

Cin

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		
AMBR	Gary R. Whitehead	2957 Kosuth Rd. NE. Palm Bay, FL 32905	Add		
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ument's effective date on the D			ic statutory in	ng requiremen	in, iii, date w	ii iioi oc	11366
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Daniel F.	Signature of a marr	e de authorio	and representative	of a member			_

Page 3 of 3

Filing Fee: \$25.00