# L17000184335

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Office Use Only		



12/01/22--01007--003 ++30.00



# **COVER LETTER**

£

### TO: **Registration Section Division of Corporations**

•••

.

USA Marine Engines 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:

	Mr Jason Buchnanan				
		Name of Person		_	
	<u> </u>	Firm/Company		_	
	2600 SW 3rd Ave				
		Address		2022 I 3ECI TA	
	Fort Lauderdale Florida 33				i g
	finance.dept@usamarineen	City/State and Zip Code gines.com		·	· · · · ·
Paul Carlos (a Compañía)		to be used for future annual report notif	ication)	PH 4:02	• • • • • • • • • • • • • • • • • • •
For further information c	oncerning this matter, please c	all:		······································	
Mr Jason Buchanan		954 383 1870	)		
Name o	f Person	Area Code Daytime	Telephone Numb	ber	
Enclosed is a check for th	ne following amount:				
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy tat copy is enclosed)	
Mailing Addres		Street Address: Registration Sec	4:		

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassa EL 20214

Registration Section Division of Corporations The Centre of Tallahassee <u>.</u> **...** 

# **ARTICLES OF AMENDMENT** TO **ARTICLES OF ORGANIZATION** OF

USA Marine Engines LLC	on our records )
( <u>Name of the Limited Liability Company as it now appears</u> (A Florida Limited Liability Company)	on var records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08.29}{2}$	2.2017 and assigned
Florida document number 1.17000184335	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the desi Enter new principal offices address, if applicable:	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ignation "LLC" or the abbreviation "L.L.C."
	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2022 DEC SECRETALL
Enter new principal offices address, if applicable:	2022 DEC SECRETALL
Enter new principal offices address, if applicable:	2022 DEC -1 PH

lew Registered Office Address:	2600 Sw 3rd Ave	
	Enter i	Florida street address
	Fort Lauderdale	. Florida <sup>33315</sup>
	City	Zip Code

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

٠.

÷ .

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 Age	ent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	<b>Type of Action</b>
AMBR	Bayley Muirhead	1040 Seminole Drive Apt 160	🗆 Add
		Fort Lauderdale Florida 33304	■ Remove
		<u> </u>	Change
AMBR	Austin Kiick	1532 Sw 12th St Unit 1	bbA 🗆
		Fort Lauderdale Florida 33316	■Remove
			🗆 C'hange
AMBR	Chet Coleman	2200 44th St Washougal	
		Washington 98671	
			EChange
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			🗆 🖸 Change

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

 	·
 	<u> </u>
 	<u> </u>
	$c \sim$
	2022 DEC -
	·· , ; , ; , ; ,
	· · · · · · · · · · · · · · · · · · ·
 	····
	- <u> </u>

E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective 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 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11.16.2022	······························	
	A -	
	Signature of a member or authorized	epresentative of a member
	Mrs Bayley	Muirhead.

document's effective date on the Department of State's records.

Typed of printed name of signee

1711 17 046 00