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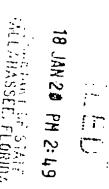
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COVER LETTER

TO: Registration So Division of Cor			
Scuba Rat	Salvage LLC		
10bJEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Hill		
		Name of Person	
	SCUBA RAT S	ALUACIE LLC Firm Company	
	2304 Mallard Dr.		
		Address	
	Melissa, Texas 75454		
	robhill6@icloud.com	City/State and Zip Code	
For further information o	E-mail address: (concerning this matter, please co	to be used for future annual report noti	fication)
Robert Hill	one maken product of	214 606-2970	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

Scuba Rat Salvage LLC		
(Name of the Limited	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u>)
		and assigned
Florida document number L18000004270		
This amendment is submitted to amend the follow	ring:	
Florida document number L18000004270 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 "LLC." 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)		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
Principal office address MUST BE A STREET	ADDRESS)	
	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the no
		PH 2:
Name of New Registered Agent:		RID.
New Registered Office Address:	Pro Phylosophia	
	Enter Florida street addre	'55
	, F	lorida
	Cuy	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
MGR	Robert Hill	6801 Shrimp Rd. Key West, Florida	Add
			☐ Remove
			Change
AMBR	Robert Hill	6801 Shrimp Rd. Key West, Florid:	Add
			□ Remove
			Change
			Add Add Reprove
.			HASSEE FLORIDA Remove
			☐ Change
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Typed or printed name of signee

Filing Fee: \$25.00