## 118000010207

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

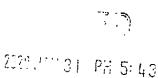
|                  | tration Se<br>on of Cor | ection<br>porations                          |   |   |  |  |
|------------------|-------------------------|--|---|---|--|--|
|                  | IARBOR                  | MARINE ELECTRIC LLC                          |   |   |  |  |
| SUBJECT: _       |                         | Name of Lim                                  | ited Liability Company  | <del></del>   |  |  |
| The enclosed A   | articles of             | Amendment and fee(s) are sub                 | mitted for filing.  |   |  |  |
| Please return al | ll correspo             | ondence concerning this matter               | to the following:   |   |  |  |
|                  |                         | WARREN FOOTE                                 |   |   |  |  |
|                  |                         | <del></del>                                  | Name of Person  |   |  |  |
|                  |                         | HARBOR MARINE ELE                            | CTRIC LLC   |   |  |  |
|                  |                         |  | Firm/Company  |   |  |  |
|                  |                         | 1020 MARGARET ST 1                           | 01  |   |  |  |
|                  |                         | Address                                      |   |   |  |  |
|                  |                         | KEY WEST, FL 33040                           |   |   |  |  |
|                  |                         | HARBORMARINE.US@G                            | City/State and Zip Code  GMAIL.COM  to be used for future annual report n | ontification)   |  |  |
| For further info | ormation c              | oncerning this matter, please c              | ·   | , , , , , , , , , , , , , , , , , , ,   |  |  |
| WARREN FO        | OTE                     |  | 954 5957252   |   |  |  |
|                  | Name o                  | f Person                                     | at ()<br>Area Code Dayt   | ime Telephone Number  |  |  |
| Enclosed is a cl | heck for th             | ne following amount:                         |   |   |  |  |
| ■ \$25.00 Fili   | ng Fee                  | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)       | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Regis            | ng Addres<br>stration S | Section                                      | Street Address:<br>Registration S   |   |  |  |
|                  | sion of C<br>Box 632    | orporations<br>7                             | Division of C<br>The Centre of  | -   |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tailahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## HARBOR MARINE ELECTRIC 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   | v were filed on 1/11/2018       | and assigned                          |
|---|---------------------------------|---------------------------------------|
| Florida document number L18000010207  |                                 |                                       |
| This amendment is submitted to amend the following:   |                                 |                                       |
| A. If amending name, enter the new name of the limited liab   | bility company here:            |                                       |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company," the designation | on "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 agent and/or the new registered office address here: |                                 | enter the name of the new registe     |
| Name of New Registered Agent:   | <del>-</del> .                  |                                       |
| New Registered Office Address:  |                                 |                                       |
|   | Enter Florida stree             |                                       |
|   | Cia.                            | Florida<br>Zip Code                   |
| New Registered Agent's Signature, if changing Registered Agent:   |                                 | хір Соае                              |
| I hereby accept the appointment as registered agent and agr   | _                               | v. I further agree to comply with t   |

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | Address                            | Type of Action |
|--------------|--------------------|------------------------------------|----------------|
| AMBR         | COUTURIER BENJAMIN | 6810 FRONT ST, KEY WEST , FL 33040 | <b>=</b> Add   |
|              |                    | <del></del>                        | □Remove        |
|              |                    |                                    | □Change        |
|              |                    |                                    | □Add           |
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|                   |  |
| Note:             | tive date, if other than the date of filing:  [Coptional]  [Coptional] |
| e reco<br>rd is f | rd 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 iled.  |
| Dated             | January 22 . 2020  |
|                   |  |
|                   | Signature of a/member or authorized representative of a member   |

Filing Fee: \$25.00