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APR 2 6 2019 J. HARRIS

COVER LETTER

Division of Cor	porations		
SUBJECT:	FR Marin	e constuction	LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Ros	Name of Person	y
		Name of Person	*****
	TFR	marine Const	ection LLC
		Firm/Company	
	19948	County Road 561 Address	
• •		Address	•
	CLE	City/State and Zip Code ON Y 820 G Mai/ to be used for future annual report noti	34715
		City/State and Zip Code	
	<u> </u>	107820 G Mail	· Com
			lication)
For further information of	oncerning this matter, please ca	all: .	
Ross	Penny	at (352) 217 Area Code Daytim	-5/83
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fce	☐ \$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)
		•	

TO:

Registration Section

MAILING ADDRESS: 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**

TER Mariae		•	
(Name of the Limited Liability Com (A Florida Limite	opany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000699771</u> .	ny were filed on $4-20-2018$	and assigned	•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:	<i>.</i>	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
•			
Enter new mailing address, if applicable:	·	APR 26	Ì.
(Mailing address MAY BE A POST OFFICE BOX)			1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h			, <u>,</u>
	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	·	
	, Florida	<u></u>	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		

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 Title Type of Action **Address** FRANKIN Allen ☐ Change ☐ Remove Minneola ☐ Change □ Add ☐ Remove ·
Change □ Add ☐ Remove ☐ Change □ Add

☐ Change

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