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Special Instructions to Filir	ng Officer:	
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MAY 0 2 2019 S. YOUNG

## **COVER LETTER**

TO:	Registration Sec Division of Corp			e e e
SUBJE	ст:А	LL TSLAND Name of Limite	MARINE SE	RVÍCES LLC
		mendment and fee(s) are subm	-	
	,	Sheri G		
		All Island	Marine Scrvic	es LLC
		PO BOX 9	5 U Address	
		•	City/State and Zip Code  MSO JOHOO. C be used for future annual report notif	32920 om
For furth	ner information cor	noterning this matter, please call	•	icanon)
_5\ <u>r</u>	Name of I	eenwood Person	at (321) 480 Area Code Daytime	- 0982 Telephone Number
Enclosed	d is a check for the	following amount:		
<b>⊠</b> \$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:

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

ALL ISLAND MARINE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

New Registered Agent's Signature if changing Registered Ager	,			
	, Florida			
	Enter Florida street address			
New Registered Office Address:				
Name of New Registered Agent:				
registered agent and/or the new registered office address h	<u>ere</u> :			
	office address on our records, enter the name of the nev			
(Mailing address MAY BE A POST OFFICE BOX)				
	AFR 2			
	ت -حر 			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new principal offices address, if applicable:				
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C,"			
A. If amending name, enter the new name of the limited li	ability company here:			
This amendment is submitted to amend the following:				
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 egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address				
•	ny were fried on and assigned			
The Articles of Organization for this Limited Liability Compa	10-216 and an inches			

#### 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>	Name	Address	Type of Action
MGR	Frederick Gatchell	604 Sharewood Dr. Linil Ba	<u>04</u> □ Add
		Cape Canaveral Fl 329	<u>i2</u> ⊠ Remove
			Change
			Add
			□ Remove
			Change
			🗆 Add
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Effective date, if other than the date of filing: 12-31-18 (optional) 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 6 (obe; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li locument's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated April 18 . 2019		···,·		, <del>-</del>						
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	ed	April	.18	a	2019					
Show J. Heerwood Signature of a member or authorized representative of a member	، د	She	Signatu	re of a memb	er or authoriz	OOC ed representativ	e of a membe	r		

Page 3 of 3

Filing Fee: \$25.00