

LISO 00 161210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

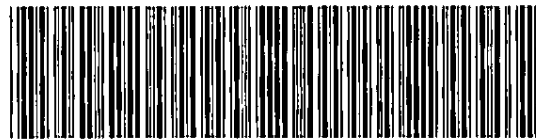
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

(2)

no
off

Office Use Only



100319873981

01/08/19--01003--001 **25.00

FILED

2019 JAN -8 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U.S.
F11-19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2018

ADAM M G'SELL
7785 VONNIE TOLBERT RD
NAVARRE, FL 32566 US

SUBJECT: NORTHWEST FLORIDA MARINE CONSTRUCTION LLC
Ref. Number: L18000161210

We have received your document for NORTHWEST FLORIDA MARINE CONSTRUCTION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 118A00024862

"New"

2019 JAN 8 PM 3 20
ENTERED
CORP
SSILE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NORTHWEST FLORIDA MARINE CONSTRUCTION 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 were filed on 07/02/2018 and assigned
Florida document number L18000161210

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)

7379 East Bay Blvd

Navarre FL 32566

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2803 Penn. St

Navarre FL, 32566

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Austin William Johnson

New Registered Office Address:

2803 Penn. St

Enter Florida street address

Navarre

City

Florida

32566

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>	<u>Address</u>	<u>Type of Action</u>
AP	JOHNSON W AUSTIN	2803 PENN ST NAVARRE, FL 32566	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AUSTIN W JOHNSON	2803 PENN ST NAVARRE, FL 32566	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2019 JAN - 8 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

2018 JAN -8 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/15/2018



Signature of a member or authorized representative of a member

ADAM M G'SELL

Typed or printed name of signer