## 118000202081

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(Address)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Registration S Division of Co			
CUDIC		dersea Services LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		John A Marsack		
		Legion Undersea Services	Name of Person LLC	
		1736 Whitney Isles Drive	Firm/Company	<del></del>
		Windermere, Florida 3478	Address	
		jmarsack@legion-us.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furti	ner information (	concerning this matter, please co	all:	
John M	arsack		904 338-4211 at ()	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for t	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

Legion Undersea Services LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability  Torida document number L18000202081	y Company were filed on 23 August, 2018	and assigned
his amendment is submitted to amend the following	;	
. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "l	.imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
nter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)		
		-
s. If amending the registered agent and/or registered agent and/or the new registered office a		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	izuer vioriaa sireel adaress	
	, Florida	Zip Code
	CIIV	zin Coar

## 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>	Type of Action
AMBR	Robert A. Galentine	2523 Pioneer Road Chipley, Florida 32428	B A JJ
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Fective date, if other than the neffective date is listed, the date must stee. If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory t	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed as
	effective date, but not an effective ord is filed.	ve time, at 12:01 a.m. on the earlier o
record specifies a delayed he 90th day after the reco		
The 90th day after the reco	. 2018	
The 90th day after the reco	2018	

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