## L18000202081

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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Legion Ur	idersea Services, LLC		
		Name of Lin	nited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		John A. Marsack		
			Name of Person	
		Legion Undersea Service	ces, LLC	2829 OCT
			Firm/Company	3
		1736 Whitney Isles Driv	e	1 mm 4 m
			Address	
		Windermere, FL 34786		PH 3:12
			City/State and Zip Code	
		jmarsack@legion-us.con		
		E-mail address: (	to be used for future annual report notil	ication)
For further in	nformation c	oncerning this matter, please c	all:	
John A. Ma	rsack		844 534-4668	Ext 1
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	oe following amount:		
□ \$25,00 F	iling 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 tadditional copy is enclosed)
Reg Div	ling Address gistration S vision of C J. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations
Tal	lahassee, F	FL 32314	2415 N. Monroe Tallabassee FI	Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legion Undersea Services, LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number L18000202081	were filed on November 26, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		100 100 100 100
(Principal office address MUST BE A STREET ADDRESS)		G.
The state of the s		
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	1736 Whitney Isles Drive	ジ 
(Mailing address MAY BE A POST OFFICE BOX)	Windermere, FL 34786	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Manning unity Con Will DE IT OF OTT TEE BOX		7.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		name of the new registered
	Enter Florida street address	
	, Florid	
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and  Or, if this document is

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	2325 Pioneer Road, Chipley FL 32428	□Add
			□Change
			□ Add □ Remove
			☐ □Remove
			Change
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			□Change

John A. Marsack AMBR 50% Ow	nership	
Nicholas H. Zaborski AMBR 50%	Ownership	
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ve date, if other than the date of f	ic and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605
ent's effective date on the Department	not meet the applicable statutory of State's records.	filing requirements, this date will not be list
I specifies a delayed effective date, but ed.	t not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day afte
14TH OF SEPTEMBER	2020	
0.6. 1.71	of a member or authorized represen	)——·

Filing Fee: \$25.00