## 1190000 30995

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: Registration Se Division of Cor			
	MAPPING AND SURVEYIN	G, LLC	
SUBJECT:	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LESLIE E WOODRING		
		Name of Person	
	LESLIE E WOODRING,	INC.	267
	<del></del>	Firm/Company	
	1145 WHITE OAK CIRC	LE	2020 JUN 18
		Address	
	MELBOURNE, FL 32934	ı	PH 3: 11
	l.woodring@lewinefl.com	City/State and Zip Code	(1,1)
	=	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Ineavett Galan-Woodrin	g	321 2134816 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
\$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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Con	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	Z410 IN, Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIDENT MAPPING AND SURVEYING, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on JAN Florida document number L19000030995	UARY 30, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<u>e</u> :
TRIDENT MARINE SOLUTIONS, LLC	202
The new name must be distinguishable and contain the words "Limited Liability Company," the des	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	1
Enter new mailing address, if applicable:	Crit
Mailing address MAY BE A POST OFFICE BOX)	
Mulling dudress MAT BE A FOST OFFICE BOA	
<del></del>	<del></del>
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	ords, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	la street address
City	, Florida

## 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 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>	Address	Type of Action
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fective date, if other than an effective date is listed, the date ote: If the date inscreed in this ocument's effective date on the	must be specific and block does not r	d cannot be price neet the appli	cable statutor	g or more than 9 y filing require	days after filir ments, this da	ng.) Pursuant te will not b	to 605.020 be listed a
record specifies a delayed effectis filed.	tive date, but not	an effective	time, at 12:01	a.m. on the ear	lier of: (b)	The 90th da	y after the
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