## L19000054720

(Requestor's Name)  (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor					
	CONSULTING INTERNATIO	NAL LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MICHAEL CHAPMAN				
		Name of Person			
	SUBSEA CONSULTING	INTERNATIONAL LLC			
		Firm/Company	<del></del>		
	C/O AOMAC SERVICES 8840 TERRENE CT., B10				
		Address			<b></b>
	BONITA SPRINGS, FL 3	4135		2016	
	minha d <i>G</i> uanua aan	City/State and Zip Code		2019 115R 20	
		to be used for future annual report notifica	ition)	음을 때	1
For further information c	oncerning this matter, please c	all:		THE THE	
EVELYN VINESKI		239 430-4310 at ()		FH 9: 13	
Name o	f Person	Area Code Daytime T	elephone Number	⇒ m <b>⇔</b>	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporati			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUBSEA CONSULTING INTERNATIONAL LL	<u> </u>
(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 02-25-2019  Florida document number L19000054720	and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	MR 28
	mo a m
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter	er the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	<del></del>
New Registered Office Address:  Enter Florida street address	
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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	ck does not meet the applic	able statutory filing rec	quirements, this dat	e will not be listed a
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e record specifies a delayed The 90th day after the reco	2019	<u> </u>		on the earlier
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Filing Fee: \$25.00