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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY 10 AM 9:00

T. MATTHEWS

JUL - 8 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDEAVOUR MARINE GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT J VINCENT
Name of Person

ENDEAVOUR MARINE GROUP LLC
Firm/Company

5287 61st Ave S
Address

St. Petersburg, FL 33715
City/State and Zip Code

Rob Vincent 69@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J Vincent at (727) 366-3264
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ENDEAVOUR MARINE GROUP LLC 22 MAY 10 AM 9:00
(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 4-28-22 and assigned
Florida document number 219000066555

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Carol Hnativuk

New Registered Office Address:

5287 61st Ave S

Enter Florida street address

St. Petersburg

City

Florida

33715

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.

Carol Hnativuk

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>
<u>AV</u>	<u>Jonathan Ashdown</u>	<u>5287 61st Ave S</u>	<input type="checkbox"/> Add
		<u>St. Petersburg, FL 33715</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AR</u>	<u>Robert Vincent</u>	<u>5287-61st Ave S</u>	<input type="checkbox"/> Add
		<u>St. Petersburg, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33715</u>	
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Robert J Vincent</u>	<u>5287 61st Ave S</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, FL</u>	<input type="checkbox"/> Remove
		<u>33715</u>	
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 5-4-22 (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)

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.

Signature of a member of authorized representative of a member

Robert J Vincent
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00