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FILED # 36
SECRETARY OF STATE

COVER LETTER

	Registration Se Division of Cor					
eun IEC		RS MARINE CONSTRUCTION	ON LLC			
SUBJEC	. I :	Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub-				
Please re	turn all correspo	ondence concerning this matter	to the following:			
		LONI J PRICE				
			Name of Person			
		DOCKSTARS MARINE (CONSTRUCTION LLC			
			Firm/Company			
		508 SOUTH HIGHLAND	AVENUE			
		GREEN COVE SPRINGS.	Address FL 32043			
	City/State and Zip Code FLDOCKSTARS@GMAIL.COM					
		E-mail address: ()	to be used for future annual report notif	ication)		
For furth	er information c	concerning this matter, please ca	all:			
LONIJI	PRICE		904 586-5607 at ()			
	Name o	f Person		: Telephone Number		
Enclosed	is a check for t	he following amount:				
□ \$25.0	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 ILED

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

OF STATE

DOCKSTARS MARINE CONSTRUCTION LLC

201 JL 25 P # 39

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on GREEN COVE SPRINGS, FL and assigned Florida document number _____L19000107819 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: New Registered Office Address: Enter Florida street address _, Florida _ City 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>	<u>Address</u>	Type of Action
AMBR	AUSTIN OSBURN	3007 Twin Oak Drive South Middleburg, FL 32068	
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ocument's effective date on the	Department of State	's records.			
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