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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: Nautical Networks, 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:
William Pavlock
Name of Person
Firm/Company
101 S. Old Coachman Rd. #403
Clearwater, FL 33765 City/State and Zip Code
Boarlock 15 Egmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 470-7171 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{cadditional copy is enclosed} \text{Certified Copy} \text{idditional 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

OF

Nautical Networks, LLC

FILED

(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on orida Limited Liability Company)	our recognis) All 31 P 2 36
The Articles of Organization for this Limited Liabili	ty Company were filed on	OSSESSITATE OF STATE
Florida document number <u>L/9000/2/062</u>	·	
This amendment is submitted to amend the followin	ā.	
A. If amending name, enter the new name of the	limited liability company here:	
Nautical Network L The new name must be distinguishable and contain the words	LC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable	<u> </u>	
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
		
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
_		Florida
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add-or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William Paulock	101 S. Old Coachman Pel #403	& Add
		Clearwater, FL 33745	🗆 Remove
			Change
MGR	Paul Triporo		& Add
			Remove
		·	Change
			□ Remove
			□ Change
		🗆 Add	
			Remove
			Change
			D Add
			□ Remove
			Change
			🗆 Add
			_□ Remove
			_□ Change

, II AII	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
(If an e Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	July 29 1 2019
	Signature of a member or authorized representative of a member
	William Pavlock

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Filing Fee: \$25.00