K19000121062

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000383754990

03/21/22--01010--006 **25.00

T. MATTHEWS MAR 31 2022

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ст: <u><i>Va</i></u>	rutical Networ	k LLC	
		Name of Lir	nited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	condence concerning this matter	r to the following:	
		Williar	n Pavlock Name of Person	
			Name of Person	
		Nautic	Firm/Company	
			Firm/Company	
		600 S. 1	Magnolia Ave. Suit	e 390
		Tampa	FL 33606 City/State and Zip Code	
			nautical network (to be used for future annual report notificat	Soite 396 Le notification) 70 - 71 71 Tytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
For fur	ther information	concerning this matter, please	•	•
L	Villiam	Pauluck of Person	at (727) 470 - 7 Area Code Daytime Te	7/7/
	Name	of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check for	the following amount:		
⊠ .\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Addra Registration		Street Address: Registration Section	on

TO:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nautical Netwo	ork, LLC	221***	Fii 3: 20
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	
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 "L.L.C." 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:			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	r <u>e</u> :	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	· · · · · · · · · · · · · · · · · · ·	
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent:			
Enter new mailing address, if applicable:			
manny address military to the sound			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our re	cords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			····
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	Zip Code
	City		гір Соае

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, 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
MGK	William Paulock	600 S. Magnolia Ave. St	. <u>340</u> ≣Add
		Tampia, Fl 3360le	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

	· · · · · · · · · · · · · · · · · · ·							. .		
				·						 -
								·.,		
						····	· · · · · · · · · · · · · · · · · · ·			
-	· · · · · · · · · · · · · · · · · · ·				· .	•	· · ·			
				<u></u>						
				-					_	
					· · · · · · · · · · · · · · · · · · ·			٠,		-
			 							 -
				 	·	· -				
ective	date, if other th	an the date of t	filing:					(optiona	ıl)	
ı effecti	ive date is listed, the of the date inserted in	late must be specif	c and ca	nnot be prior	to date of fil	ling or more	than 90 day	s after fili	ng.) Pursuar	
	t's effective date of					, 5	•			
cord s	specifies a delayed (effective date, bu	t not an	effective ti	me, at 12:0) la.m. on	the earlier	of: (b)	The 90th d	lay after the
ted	March	9th	,	2022	·					
		//		1	~					
		Signature	of a mer	nber or author	orized repres	sentative of	a member		•	
				_						
		Willi	an	Paulo	ck					