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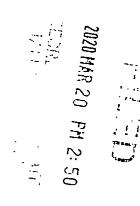
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

0115 10 00	and Contacting Services 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 Verona		
		Name of Person	
	Barrier Island Contractin	g Services LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2171 Oleander St.		
		Address	
	Saint James City, FL 33	9956	
		City/State and Zip Code	
	office@loggerheadbarge		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Michael Verona		724 601-6323	
Name o	f Person	Area Code Daytim	e Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ation
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Loggerhead Barge Company LLC		
(Name of the Limites	d Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lia Florida document number L20000061930	bility Company were filed on 2/25/2020	and assigned
This amendment is submitted to amend the follow	wing:	20201
A. If amending name, enter the new name of	the limited liability company here:	2020 1163 20
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	
Enter new principal offices address, if applica	ble:	N
(Principal office address MUST BE A STREET	ADDRESS)	<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered office address	<u>—</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
		lorida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
s 	Angela Sibbrell	2171 Oleander St. Saint James City, FL 33956	\equiv Add
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record specifies a delayed effective of is filed.	late, but not an effec	tive time, at 12	:01 a.m. on the earli	er of: (b) The 90	th day after the
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ated March 13	/ / /	·			
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Filing Fee: \$25.00