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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

NAB Mari SUBJECT:	ne Holdings, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Sandy Macaulay			
		Name of Person		
	Macaulay & Associates L	LC		
		Firm/Company		
	5321 1st Avenue South			
		Address		
	Saint Petersburg, Fl 33707	7		
	 	City/State and Zip Code		
	sandy@macaulayaccountin	g.com to be used for future annual report no	titication)	
For further information c	concerning this matter, please c	·	uncation)	
Sandy Macaulay		727 520-1980		
Name of Person		at () Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he 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 Addres Registration 5		Street Address: Registration Sc	ection	
Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAB Marine Holdings, LLC

company has been notified in writing of this change.

(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 04/29/2020 ___ and assigned Florida document number $\underline{L20000115997}$ 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 Cin 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 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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR Nicholas Buis	Nicholas Buis	521 Johns Pass Avenue	□Add
		Madeira Beach, Fl 33708	_
		€Change	
			□ Add
			□Remove
			⊡Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Remove
			□Change
			□Add
			□Remove

Note	ctive date, if other than the date of filing:
ne reco	ord 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 filed.
	The sales of the s
	d Tuesday, November 2nd 2021
	Macro
Dated	Signature of a member or authorized representative of a member