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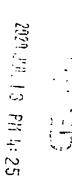


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AUG 23 2020 S. YOUNG

COVER LETTER

TO:

Registration Section
Division of Corporations

Todd Johnson Marine, LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for fitting. Please return all correspondence concerning this matter to the following: Anne-Marie Villano Name of Person WISHESK: Sears & Steeper, P.A. Firm/Company 810 Salurn Street Ste. 30 Address Jupiter, R. 33477 City/State and Zip Code Anvillano & My Jupiter C. Pa. Com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd Johnson Name of Person at (Sel.) Name of Person at (Sel.) Name of Person S55.00 Filing Fee Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status & Certificat Copy (additional copy is enclosed)	SUBJECT: Toda	1 Johnson A	Marine, LLC		
Please return all correspondence concerning this matter to the following: Anne-Marie Villand Name of Person		Name of Lim	ited Liability Company		
Please return all correspondence concerning this matter to the following: Anne-Marie Villand Name of Person					
Anne-Marie Villano Name of Person Wisheski, Sears & Sleeper, P.A. Firm/Company Elo Salzurn Street Ste. 30 Address Jupiter, A 33477 City/State and Zip Code Amy Hano & My Jupiter car. Com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd Johnson Name of Person at (561) 310 - 9842 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Securified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
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DISTIPLE Sears & Sleeper, P.A.		Anne-12	Marie Villano		
Address Jupiter, A 33477 City/State and Zip Code Amvillanc & My jupiter cpa. com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd Johnson Name of Person at (561) Area Code Daytime Telephone Number Enclosed is a check for the following amount: Securificate of Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			Name of Person		
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Tupiter 12 33477 City/State and Zip Code Amvillanc & My Jupiter cac.com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd Johnson at (561) 310 - 9842 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:			_		
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For further information concerning this matter, please call: Todd Johnson			City/State and Zip Code		
For further information concerning this matter, please call: Todd Johnson	_	amvillan	o @ Myjupiter c	pa.com.	
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Mailing Address: Registration Section Street Address: Registration Section		tion	· · · · · · · · · · · · · · · · · · ·	ction	
Division of Corporations Division of Corporations	<u> </u>		-		
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	P.O. Box 6327 Tallahassee, FL 32314				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Todd Johns	son Marine, LLC	2020
	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L2000 126 84</u>	Company were filed on 5 11	
This amendment is submitted to amend the following:		25
A. If amending name, enter the new name of the li	mited liability company here:	
North Star Manne	Services, LLC	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 .	
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	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 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
			□ Add
			□Remove
			□Change
			□ Add
		-	□Remove
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			Change

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	
(If an effective da Note: If the d	e, if other than the date of filing:
the record specification of the record is filed.	Ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/10 2020
	Toll III
_	Signature of a member of authorized representative of a member
	Todd Johnson
	Typed or printed name of signee

Filing Fee: \$25.00