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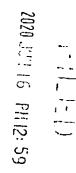
(Requestor's Name)
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COVER LETTER

Division of Cor	porations		
SUBJECT:	SALIENT 1	MARINE LLC	<u>-</u>
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	THOMAS	C. MCMAHDA Name of Person	
	SALIENT	Firm/Company	16.
	5082 R	OCOSO WAY	
	SANTA BA	Address RBARA CA . City/State and Zip Code	93///
	TMCMAHON	O STARFIRE I to be used for future annual report notif	ZENEWABLE ENFRLOY, CO
For further information c	oncerning this matter, please co	·	
THOMAS C.	MCMAHON	at (<u>805)</u> <u>896</u> Area Code Daytime	- 5567 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALIENT MARINE LLC

(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 wo	ere filed on <u>MA7</u>	12,2020	2 and assigned
Florida document number <u>L 2 0000 / 29</u> 32 0)	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			202
(Principal office address MUST BE A STREET ADDRESS)			(-; - · · · · ·
			P 1
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our record	s, enter the name	of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet 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, 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>	<u>Address</u>	Type of Action
AMBR	GERALD DORN	502 ISLAND AVENUE	□Add
		SOZ ISLAND AVENUE REND, NV 89501	Remove
			Change
			□ Add
			□ Remove
			□Change
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			□Remove
			□ Change

). II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(If an e <u>Note</u>	tive date, if other than the date of filing:
the 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.
Dated	1-6/11/20/1-1
	1 /2 /2 · /2 · /2 · /2 ·
	Signature of a member or authorized representative of a member
	THOMAS C. MCMAHOW. Typed or printed name of signee
	Typed or printed name of signee

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