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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Joe Ryan :	and Son's Marine, LLC	
SUBJECT:	Name of Lin	nited Liability Company
	Amendment and fee(s) are sub	
	Brian F. Stayton	
		Name of Person
	Stayton Law Group, P.A.	
		Firm/Company
3619 Lithia Pinecrest Road Address Valrico FL 33596		d
		Address
	Valrico FL 33596	
		City/State and Zip Code
	brian@staytonlawgroup.co	<u> 20</u>
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notification) TO JUL 27 813 662-9829
Brian F. Stayton		at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	다듬 <u>이</u>
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63:	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joe Ryan and Son's 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 were filed on $\frac{07/02/2020}{2}$ and assigned Florida document number ____L200001888169 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Joe Rvan and Sons' Marine, LLC 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 Florida City 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
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			□Remove
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(If an e <u>Note</u>	ive date, if other than the date of filing: [Sective date is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.		
f the rec ecord is	d specifies a delayed effective date, but not an effective time, led.	at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Date	July 22, 2020		

Filing Fee: \$25.00

Typed or printed name of signee