## LICOCCIAGASI

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## COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: MOVI	ne Solutions of	Horida	
3010 ECT	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	John G. B	Name of Person	
		Name of Person	
	Marine Solut	ions of Hor	ida
	1476 Bermu	ida Ave	
		Address	
	Merritt Island	L FL 329	52
	Merritt Island	City/State and Zip Code	
	Marine solution E-mail address: (1	Sofforida@a	mail. Com
For further information co	oncerning this matter, please ca		,
to tartier information co	meerining inis matter, prease of	•••	
John Bai	iley	at ( <u>321</u> )	212-8868
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
Mailing Address	-	Street Ac	
Registration S Division of Co		~	ation Section n of Corporations
P.O. Box 6323	•	The Cer	ntre of Tallahassee
Tallahassee, F	L 32314		. Monroe Street, Suite 810 ssee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

<u>Marine Solutions</u>	of Horida	<u>ገ</u>	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	1/11/2020	and assigned
lorida document number <u>L20000 199951</u>			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
he new name must be distinguishable and contain the words "Limited L	iability Company," the design	ation "LLC" or the	
Enter new principal offices address, if applicable:			2020 KO
Principal office address MUST_BE A STREET ADDRESS			<u>ਰੂ 71</u>
		•	
			A . II
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		··· =
			· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our recor	ds, <u>enter the na</u>	me of the new register
Name of New Registered Agent: Jol	nn G. Bailey	, Jr.	
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida _	
	Cirv		

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

Title	<u>Name</u>	Address	Type of Action
OWNEX AMBK	John G. Bailey, Jr.	1475 Bermuda Ave	5 <b>X</b> Add
MINIDIA		Merrit Island, FL, 329	<u>52</u>
			□Change
			□Add
			□Remove
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more the:  If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the s filed.	e earlier of: (b) The 90th day after the

Filing Fee: \$25.00