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COVER LETTER

TO:	Registration Sec Division of Corp					
enn iez		E SERVICES LLC				
SUBJEC	↓l:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
	RAYMOND L EATON					
	Name of Person					
	CATALFAMO, EATON & DELISI LLC					
Firm/Company						
	9250 ALTERNATE ATA STE A					
		-	Address			
	NORTH PALM BEACH, FL 33403					
			City/State and Zip Code			
ray@ced.tax						
		E-mail address: (to be used for future annual report notif	fication)		
For furth	ner information co	ncerning this matter, please c	all:			
RAYMOND L EATON		516 296-5725 at ()				
Name of Person			e Telephone Number			
Enclosed	d 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 enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 		
Mailing Address:		Street Address:				

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

L.T. WOLFE SERVICES LLC

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L20000220651	ty Company were filed on 07/27/2020	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
WOLFE MARINE SERVICES LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicables	<u></u>	
(Principal office address MUST BE A STREET Al		
· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
	_	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		<u>1e of the new register</u>
agent and/or the new registered office address ne	<u> </u>	
Name of New Registered Agent:		<i>7</i> -3
Name of New Registered Agent.		15.1
New Registered Office Address:	Enter Florida street address	
	traer t in ad street did ess	
	, Florida	Zip-Code
	•	Ziptone
New Registered Agent's Signature, if changing Regis	*.** *	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete performance of my duties, and I am ed agent as provided for in Chapter 605, F.S. Or	familiar with and , if this document is
company has been notified in writing of this char		

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>	Name	Address	Type of Action
			Remove
			□ Change
			□Add
			□Remove
			□Remove
			□Change
			□ Remove
			Change
			Add
			□ Remove
			□Add
			□ Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _____ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. 2021 Signature of a member or authorized representative of a member RAYMOND L EATON, AUTHORIZED REP

Typed or printed name of signee