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(Re	questor's Name)	
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COVER LETTER

10: Registration S Division of Co		•		•••		
ARS Mari	ne, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Robert Smith					
		Name of Person				
	ARS Marine, LLC					
		Firm/Company				
	532 Soft Shadow					
		Address				
	DeBary, FL 32713					
	_	City/State and Zip Code				
	judith@rammdrywall.com			_ iC	2021	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifies all:	ttion)	ALL AIL	2020 AUG 27	1
Robert Smith	1	386 804-3631		$\frac{2}{60}$ = $\frac{1}{60}$ = $\frac{1}{60}$		e e e
Name	of Person		elephone Number	E PA	AH 8: 56	***************************************
Enclosed is a check for	the following amount:			. ;	0.	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified ((additional c	e of Status Copy		

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

ARS 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 8/12/2020 and assigned Florida document number 800350251498 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." No change Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) No change Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C) 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: No change Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	Robert R. Smith	532 Soft Shadow Lane	□Add
		DeBary, FL 32713	
			≡ Change
AMBR	Amelia Smith	532 Soft Shadow Lane	
		DeBary, FL 32713	
			Change
			□Add
			□ Remove
			Change
			□Remove
			Change
			□Remove
			Change
	**		□Add
			□Remove

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	8/12/2020
an effe <u>ote:</u>	ve date, if other than the date of filing: [8/12/2020] (optional) etive 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 605,020 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record	I 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 ed.
15 1110	1
	2020
ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00