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JUL 20 2023

Docu\$ign Envelope ID: FCB38D70-3269-498F-857D-07B4E068CED2 COVER LETTER TO: Registration Section Division of Corporations CHIEF MARINE GROUP LLC SUBJE**Č**IT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID PETERSON Name of Person Firm/Company 10 FAIRWAY DR STE 217 Address DEERFIELD BEACH, FL 33441 City/State and Zip Code fruiz@wsh-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Fernanda Ruiz Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MailingAddress; StreetAddress: Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, Fl. 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

DocuSign Envelope ID: FCB38D70-3269-49BF-857D-07B4E08BCED2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHIEF MARINE GRO	OUP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	12/15/2020	and assigned
Florida document number L21000001566			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company her	re:	
SD Marine,	LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	-		
Enternous mailing address if analisables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		···	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, enter the nam	e of the new registered
			_
Name of New Registered Agent:		·	<u>\</u>
Now Divisional Office Address			3
New Registered Office Address:	Enter Floria	da street address	
		. Florida	. 3
	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.

MGR = Manager

_ 🗆 Change

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Trainenting Authorized rerson(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			🗆 Add	
			Remove	
		 -		
			□Add	
			□Remove	
			□ Change	
		-	□Add	
			□Remove	
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			□Remove	

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an effective da <u>ote:</u> If the d	te is listed, the date must be slate inserted in this block defective date on the Depart	pecific and cannot be prior loes not meet the applic	to date of filing or more able statutory filing r	than 90 days after filing) Pursuant to 605,020
ecord specifis filed	ies a delayed effective date	e, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
nted	July 19	2023			
Day	100 1 000 1000				
~	Sieni	ature of a member or autho	rized representative of	a member	
				ii iidanoo	