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COVER LETTER

TO:	Registration Se Division of Cor							
		Neptune Aquarium Maintenance LLC						
SUBJI	ECT:							
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		Joseph Feramisco						
		Neptune Aquarium Mainte	Name of Person nance LLC					
		1806 SE14th St	Firm/Company					
			Address	* n				
	Cape Coral, Florida, 33990							
		jfmisco@gmail.com	City/State and Zip Code	· -				
		E-mail address (to be used for future annual repor	t notification)				
		oncerning this matter, please ca	all:					
Joseph	Feramisco		941 380-082	24				
	Name o	f Person	Area Code D	aytime Telephone Number				
Enclose	ed is a check for th	he following amount:						
□ \$ 2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addres	SS:	Street Addre	<u>88:</u>				

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

Neptune Aquarium Maintenance 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 ______ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Neptune Aquarium Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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

. Florida

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>	Address	Type of Action
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			□Remove
			□Change
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f an effective date is listed, the date me Note: If the date inserted in this leaves and the state of the sta	ust be specific	and cannot be r	rior to date of fil	ing or more tha	m 90 days after	filing \ Pore	unt to 60	05.0207
locument's effective date on the	Department	of State's reco	rds.	ny magaedi	mements, tru	s date will f	юс ве п	sted as
record specifies a delayed effecti l is filed.	ive date, but	not an effectiv	e time, at 12:0	1 a.m. on the	carlier of: (b) The 90tl	i day afi	er the
August 9th		2021						
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Typed or printed name of signee