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(Red	questor's Name)	
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COVER LETTER

TO: Registration Sect Division of Corpo			
subject: <u>Тор</u>	Water Marine Name of Limi	detail and Manag	ment LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Frank Gi	Name of Person	
	Top Water Ma	rine detail and man	agment UC
	1418 Sw 117H	PL Address	
	Cape Coral	FL 33991 City/State and Zip Code	
	Rally race 100	210 Gmail. Com	cation)
For further information cor	ncerning this matter, please ca		
Frank Gira	Person T	at (<u>239</u>) <u>672 - /4</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
X \$25.00 Filing Fee ✓ See See See See See See See See See Se	□ \$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: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations I I I I I I I I I I I I I I I I I I I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ine Detail and Management 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 02/15/202/ and assigned Florida document number 1200076463 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 "L.L.C." 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 familian 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 Tability

company has been notified in writing of this change.

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
MGR	Frank Girocky	1418 SW 11 TH PL Cape Corn	FL 33091
			□Remove
		7.01	□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		Change	
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		- → □Remove	
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			□Change

	
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Effective date, if other than the date of filing: $\frac{(3/0)/202}{}$ (optional)	ØA
f 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.) Pursual Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	nt to 605.0207 (3)(b) t be listed as the
document's effective date on the Department of State's records.	П
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th-e	- 1
rd is filed.	· (11
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