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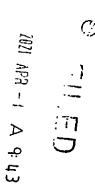
| (Re | equestor's Name) | |
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| · | | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer; | |
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Office Use Only



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| | Registration S Division of Co | | • | | |
|-----------------|---|---|--|--|--------|
| SHRIFC | T: Wheeler M | Marine LLC | | | |
| 3011/20 | | Name of Lin | nited Liability Company | | |
| The encl | osed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | turn all corresp | ondence concerning this matter | to the following: | | |
| | | Matthew A. Wheeler | Name of Person | | |
| | | | Name of Person | | |
| | | Wheeler Marine LLC | Firm/Company | | |
| | | 126 watson Dr NW | Address | | |
| | | fort walton beach | | | |
| | | wheelermarinelle@omail.c | City/State and Zip Code | | |
| For furth | er information | E-mail address: (concerning this matter, please c | (to be used for future annual report noti- | fication) | |
| Matthew | Wheeler Name | of Person | at (850) 2595845 Area Code Daytim | e Telephone Number | |
| Enclosed | is a check for t | the following amount: | | | |
| ≡ \$25.0 | 00 Filing Fec | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en | tus & |
| | Mailing Addre Registration Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro | etion porations allahassee e Street, Suite 810 | TH. TD |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Wheeler Marine LJ.C | | |
|--|---|---------------|
| (Name of the Limited Liability Company as it (A Florida Limited Liability | now appears on our records. Company) | |
| The Articles of Organization for this Limited Liability Company were fi | Tiled on <u>02/18/2021</u> and assigned | |
| Florida document number <u>1.21000083301</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability co | ompany here: | |
| The new name must be distinguishable and contain the words "Limited Liability Com | pany," 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 agent and/or the new registered office address here: | s on our records, <u>enter the name of the new regist</u> | tered |
| Name of New Registered Agent: | | _ |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | - う |
| Cit | Florida Sip Code | _ |
| New Registered Agent's Signature, if changing Registered Agent: | IPA - | |
| I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor | | ı the |

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 in its

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> | Name | Address | Type of Action |
|--------------|--------------------|-------------|----------------|
| MGR | Matthew A. Wheeler | | |
| | | | □Remove |
| | | | □Change |
| MGR | Heather Wheeler | mgr | ■Add |
| | | ambr | =Remove |
| | | | Change |
| | | | |
| | | Remove | |
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| Title | from | change AMBR | TO | MGR | . | | |
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| tive date, if o | other than the | date of filing:t be specific and cannot be | prior to date of | filing or more th | option 90 days after f | nal) iliñe.) Pursi ció l: | to 605. |
| : If the date in | serted in this blo | ock does not meet the a | ipplicable stat | utory filing req | irements, this | dáte will not b | e liste |
| mem s enectiv | e date on the De | partition of State s rec | .orus. | | | . PR - | |
| ord specifies a | delayed effective | e date, but not an effect | tive time, at 1 | 2:01 a.m. on the | e earlier of: (b) | The 90th day | , y aft e ř |
| filed. | | | | | | . D | C |
| | 21. | | - 1 | | | · = | |
| J t | MARCH | Signature of a member of | ٠ . | | | . w | |
| | MARK | Kush | | | | | |
| | | | | | | | |
| -4 | | Signature of a member of | r authorized rep | resentative of a r | tember | | |