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T. MATTHEWS MAY 23 2022

COVER LETTER

Division of Corp			
DEKITTAN	1PA BAY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MICHAEL MARINO		
	MARINE FLOORING SO	Name of Person	
	MAKINE FLOORING SO	LOTIONS ELC	
	2776 SUMMERDALE DR	Firm/Company	
	CLEARWATER, FL 33761	Address	
	MMARINO@DEKITTAMI	City/State and Zip Code PABAY.COM	
	E-mail address: ()	to be used for future annual report notil	ication)
	ncerning this matter, please ca		
MICHAEL MARINO		954 609-0797	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$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 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

HILLO ELCHETARY OF STATE DIVISION OF CORPORATIONS

DEKIT TAMPA BAY LLC

22 APR 18 AM 10: 47

(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 I		FEBRUARY 19, 2021	and assigned
Florida document number			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
MARINE FLOORING SOLUTIONS LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
indian cas man be at 1001 077100			
B. If amending the registered agent and/or agent and/or the new registered office address.		records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	MICHAEL MARINO		
New Registered Office Address:	2776 SUMMERDALE DR		
	Enter F	Torida street address	
	CLEARWATER	, Florida ³³	761
	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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MICHAEL MARINO	1930 RIPON DR	
			□ Add
		CLEARWATER, FL 33764	
			□Remove
			X Change
			□Add
			□Remove
			□ Change
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ective date, if other than th	se date of filin	g•		(ni	otional)	
effective date is listed, the date made: If the date inserted in this ument's effective date on the	ust be specific and block does not r	I cannot be prior to neet the applica	o date of filing or n ble statutory filin	ore than 90 days a	ter filing.) Pursuant	to 605.020 e listed a
cord specifies a delayed effect s filed.	ive date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day	; after the
APRIL 13TH		2022				
ed	17/	V//	_ ·			

Typed or printed name of signee