12100019777

(Requestor's Name) (Address)	700377854367
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	12/18/2101022005 **60.00
(Business Entity Name)	VOID
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer: This was voided because the amendment filed on 06/0 filed on wrong entity and this filing would be a duplicative	
Office Use Only	· ~

A. RIVERS
JAN 0 4 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

1213 15101	ii or Corbi	orations		
LA	BON MA	RINE LLC		
SUBJECT:		Name of Lin	nited Liability Company	
				VOID
The enclosed Art	ticles of A	mendment and fee(s) are sub	omitted for filing.	VOID
		lence concerning this matter		
	ectrespone	sence concerning this matter	to the following.	
		MELANIE LABON		
			Name of Person	
		LABON MARINE LLC		
			Firm/Company	
		3419 WD JUDGE DR SU	TTE 150	
			Address	
		ORLANDO, FL 32808		
		<u> </u>	City/State and Zip Code	
		MELANIELABON@ULTI		
			to be used for future annual report notifi	cation)
For further infori	nation con	cerning this matter, please ca	all:	
MELANIE LAB	ON		407 849-1100	
-	Name of P	erson	at () Area Code Daytime	Telephone Number
Enclosed is a che	eck for the	following amount:		
☐ \$25.00 Filing		☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	= \$60.00 Eilim E
	<u> </u>	Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	Address:		Street Address:	
_	ration Se		Registration Sec	
		porations	Division of Corp	
r.u. Bi	ox 6327		The Centre of Ta	Hahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOID

LABON MARINE LLC		
(<u>Name of the Lim</u>	nited Liability Company as it now appears on our red (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited	Liability Company were filed on 4/22/2021	and assigned
Florida document number L21000187777	·	
This amendment is submitted to amend the fo	llowing:	
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 "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
-		
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our records, en	
agent and/or the new registered office addr	ess nerg.	202
Name of New Registered Agent:	MELANIE LABON	2021 DE 0-1
New Registered Office Address:	3419 WD JUDGE DR SUITE 150	
· · · · · · · · · · · · · · · · · · ·	Enter Florida street ade	Iress 10 P
	ORLANDO	Florida 32808 A S S
	Cuy	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	m

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	
AMRP =	Authorized	Membe

VOID

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MELANIE LABON	3419 WD JUDGE DR	≣ Add
		SUITE 150	
		ORLANDO, FL 32808	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the Defective date.	t be specific and cannot be prior ock does not meet the applic	able statutory filing requir	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be li	05.0207 (isted as t
e record specifies a delayed effectived is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the c	artier of: (b) The 90th day at	iter the
Dated	2021			
		<u> </u>		
	Signature of a member or author			

Filing Fee: \$25.00

Typed or printed name of signee