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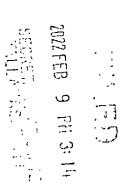
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COVER LETTER

FO: Registration S Division of Co			. 1
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SUBJECT: <u>Eff</u>	orescence Proper Name of Lim	ty Inspection LLC ited Liability Company	, ,
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Chase 1	9. Johnson Name of Person	
	Two Tanke	d To Dive Soluti	ions LLC.
	<u>670 Span</u>	OW Ave Address	
	Palm Ha	City/State and Zip Code	
	,	City/State and Zip Code	
	<u> </u>	diving @ gmail c to be used for future annual report noti	fication)
For further information	concerning this matter, please c		
	Johnson of Person	at (<u>235)</u> 226 Area Code Daytim	- 5179 e Telephone Number
Enclosed is a check for	the 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 Addre	es:	Street Address:	

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**

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	26 April, 2021 and assigned
Florida document number L 21000 194119	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
Two Tanked To Dive Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the	
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)	707 F P
	D
Enter new mailing address, if applicable:	P 15
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Flo	orida street address
	, Florida
City	, riorida

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>	Address	Type of Action
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			DRemove
			Change
			🗆 🗅 Add
			□Remove
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If the date inserted in this block does not meet the applicable statutory filing requirement	ays after filing.) Pursuant to 605
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlie
e 90th day after the record is filed.	2.01 ditti. dir dire carit
30 January , 2022.	
Signature of a member or authorized representative of a member of	