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Registration Section Division of Corporations

TO:

eud itzet.	N 2 DEEP N	MARINE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MELISA SMITH		
			Name of Person	
			Firm/Company	
		1708 CORDELL DRIVE	Address	
		TALLAHASSEE, FL 323		
		N2DEEPMARINE@GMAI		
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please ca	all:	
MELISA SN	игн		850 528-5043 at ()	
	Name of	f Person	Area Code Daytir	me Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 H	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)
Re Div P.C). Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	orporations Tallahassee
Tal	llahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N 2 DEEP MARINE LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 7/22/21		_ and assigned
lorida document number L21000334814			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	llity company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		<u>.</u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	·		<u></u>
			
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name	of the new regist
			ပ်း
Name of New Registered Agent:			<u></u>
New Registered Office Address:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
new neglacied office readens.	Enter Florida street address		5
	, Flori	ida	_
	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
AMBR	MELISA SMITH	1708 CORDELL DRIVE, TALLAHASSEE, FL 323	03 □Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
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Iffective date, if an effective date is lead to the late in lead t	isted, the date mu iserted in this b	ist be specific and block does not i	d cannot be pr meet the app	licable statuto	ing or more than	(option 190 days after fi rements, this o	iling.) Pursuant to	605.0207 listed as
	delayed effecti	ve date, but no	t an effective	e time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day	after the
record specifies a d is filed.								
	Mille		2021					
d is filed.	Muli	Signature of a	The state of the s	othorized repres	entative of a me	ember		_