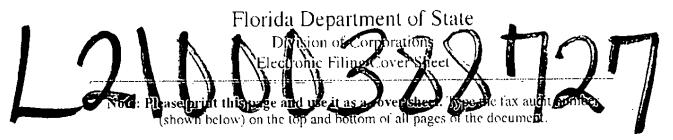
5.27.22, 5.24 PM

Division of Corporations



(((H220001884713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.

Account Number : I20140000036 : (305)733-8223 Fax Number : (866)383-7019

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email A	Address:_	· · · · · · · · · · · · · · · · · · ·	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABC DIVERS AND DOCK REPAIR, LLC

Certificate of Status	0
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M. GOLOMON

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Help

Τo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H220001884713)))

ABC DIVERS AND DOCK REPAIR, LLC (Name of the Limited Liability Comma	ny as it now appears on our records.)	,
(Name of the Limited Liability Comna (A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000388727	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		022
(Principal office address MUST BE A STREET ADDRESS)		
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		71.1%
en a de la la de altrada.		
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street uddress	
	Florida	
	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.

Chargo

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records: (((H22000188471 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CHRISTOPHER A. JONES	2712 NE 12TH ST	□Add
		POMPANO BEACH, FL 33062	□Remove
AMBR	ANAND DAHARRY	120 SE 7TH WAY	bAdd
		POMPANO BEACH, FL 33060	
			☐ Change
			□ Add 2022 #A
			☐ Remove C
			Changes
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove

(((H22000188471 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
202 PAY	
AY 3	[**
70)	
——————————————————————————————————————	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.	ii(bi ie
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed	
Dated	
Signature of a member or authorized representative of a member	

Typed or printed name of signee

2022-05-27 21.25:14 GMT

From: Natalie Burns

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Page: 4 of 4

To: