## L21000463972

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## **COVER LETTER**

TO:

| TO: Registration S<br>Division of Co  |  |  |             |  |  |
|---|--|--|-------------|--|--|
|   | ADC LOGISTIC                                 | C TRANSPORT ELC  |             |  |  |
| SUBJECT:  | Name of Limi                                 | ited Liability Company   |             |  |  |
| The enclosed Articles of  | Amendment and fee(s) are sub-                | mitted for filing.   |             |  |  |
| Please return all corresp   | ondence concerning this matter               | to the following:  |             |  |  |
|   | CARLOS                                       | ADRIAN LUCENA GIMENEZ  |             |  |  |
| Name of Person  |  |  |             |  |  |
|   | ADC LOGISTIC TRANSPORT LLC                   |  |             |  |  |
| Firm/Company  |  |  |             |  |  |
| 725 GRAND CLUB PLACE  |  |  |             |  |  |
|   |  | Address  |             |  |  |
|   | F  | ORT PIERCE, FL 34982   |             |  |  |
|   |  | City/State and Zip Code  |             |  |  |
|   |  | UIFJARQUIN@GMAIL.COM to be used for future annual report notification)   |             |  |  |
| For further information   | concerning this matter, please ea            |  |             |  |  |
| CARLOS ADRIAN LU  | CENA GIMENEZ                                 | at () Area Code Daytime Telephone Number   |             |  |  |
| Name  | of Person                                    | Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed) |             |  |  |
| Mailing Addre<br>Registration<br>Division of<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27                | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303                   | Title O Mil |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ADC LOGISTIC TRA   | ANSPORT LLC                              |   |   |  |  |
|--|--|---|---|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | ny as it now appear<br>Jability Company) | s on our records.)                        | <del></del>                                   |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number L21000463972   | were filed on                            | 10/25/2021                                | and assigned                                  |  |  |
| This amendment is submitted to amend the following:  |  |   |   |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company he                         | <u>re</u> :                               |   |  |  |
| SPLASH OCEAN SERVIC  | ES LLC                                   |   |   |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the de                    | esignation "LLC" or the                   | abbreviation "L.L.C."                         |  |  |
| Enter new principal offices address, if applicable:  | 725 GRAND CLUB PLACE                     |   |   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | FORT PIERCE, FL 34982                    |   |   |  |  |
|  | ***                                      |   |   |  |  |
| er i de la constanta de la con |  |   |   |  |  |
| Enter new mailing address, if applicable:  |  |   | <del> </del>                                  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |   |  |  |
|  | <del></del>                              |   | <del></del>                                   |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our re                        | ecords, <u>enter the na</u>               | me of the new registered                      |  |  |
| Name of New Registered Agent:  |  |   |   |  |  |
| New Registered Office Address:   |  |   |   |  |  |
| New Registered Office Address.   | Enter Flor                               | ida street address                        | <u> </u>                                      |  |  |
|  |  | , Florida                                 | ida   |  |  |
|  | City                                     | ,   | Zip Code                                      |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |   |   |  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as a<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change.   | performance of provided for in C         | my duties, and Lan<br>Thapter 605, F.S. O | n familiar with and<br>r; if this document is |  |  |

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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| ective date, if other than to effective date is listed, the date is       | the date of filing:   | annot be prior to date | of filing or more than 90 | (optional) ) davs after tiling.) | Pursuant to 605      | 5.020 |
| <u>to:</u> If the date inserted in this<br>cument's effective date on the | s block does not me   | et the applicable st   | atutory filing requirer   | nents, this date w               | zill not be list     | ted a |
|   |                       |                        |                           |                                  |                      |       |
| cord specifies a delayed effec  | ctive date, but not a | n effective time, at   | 12:01 a.m. on the ear     | lier of: (b) The                 | 90th day afte        | er th |
| s filed.  |                       |                        |                           |                                  |                      |       |
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| ,   | / Signature of a me   | ember or authorized r  | epresentative of a memb   | эег                              | ₹ 5                  |       |
| _   |                       | yped or printed nam    |                           |                                  | (0)                  |       |

Filing Fee: \$25.00