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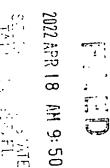
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dockmaster Services L. L.C. Name of Limited Liability Company
, mand an samuel state of the samuel state of
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terry Neville Name of Person
Dockmaster Services L.L.C. Firm/Company
4805 Cobia Drive S.E. Apt. B
St. Petersburg, FL 33705 City/State and Zip Code Thondaneville 92@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry Neville at (607) 259-5860 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

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Dockmaster Ser	vices L.L.C.	2022 APR 18 AM 9: 50
DOCKMaster Ser (Name of the Limited Liability (A Florida	ity Company as it now appears on o a Limited Liability Company)	ur records.)
(A Florida The Articles of Organization for this Limited Liability C Florida document number <u>レススののの</u> タ1スと	Company were filed on//_S	$\frac{9}{2022}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim Terry Neville Consu The new name must be distinguishable and contain the words "Lim		tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	NESS/	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	cet address
	City	, Florida
		say Some

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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
		<u></u>	☐Change
			□Add
			□Remove
			☐ Change

(If an el	(optional) fective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.
the reco	rd 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
Dated	April 14 2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Terry //e v, //e Typed or printed name of signee
	Typed or printed name of signee

E.U. D. 007.00