## L22000181488

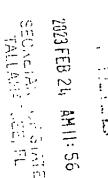
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## **COVER LETTER**

TO: Registration S Division of Co				
HOME IN SUBJECT:	SPECTIONS BY PAUL ELC			
TODOLOT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Paul Minaltoski			
		Name of Person		
HOME INSPECTIONS BY PAUL LLC Firm/Company				
Firm/Company 11842 N Bluff Cove Path				
	11842 N Bluff Cove Path			
		Address		
	Dunnellon / Florida 34434		PALLA LACETTALLA LACET	1 2
	<del> </del>	City/State and Zip Code		
	homeinspectionsbypaullle@			T
For further information of	E-mail address: ( concerning this matter, please e	to be used for future annual report noti all:	fication) こうこう	ي. <u>-</u>
Paul Minaltoski		239 284-5328	•	
Name (	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahasson FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Managa Cimare, C. Jr., 910.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME INSPECTIONS BY PAULILLE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/15/2022}{1}$ \_\_\_\_ and assigned Florida document number  $\frac{L22000181488}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nearshore Marine LLC The new name most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 11842 N Bluff Cove Path Enter new principal offices address, if applicable: Dunnellon FL 34434 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) S B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_. Florida \_

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>	Name	Address	Type of Action
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- Tan	Signature of a memi	per or authorized i	representative of a n	iember			