## Florida Department of S

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vision of Corporations Number : (850)617-6383	
count Name : REGISTERED AGENTS INC.	

Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARINE PART LOGISTICS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marine Part Logistics IIc		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ned Liability Company)	<u>(18.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number L22000214537	any were filed on 05/05/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "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)  B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:	īce address on our records, <u>enter</u>	the name of the new registered to the name of the new registered to the new registered to the name of the na
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	,
	, Flo	orida Zip Code
	City	Eq. Com

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Courtey Loehr	7901 4TH ST N STE 300	X}Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
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F (fecti	ve date, if other than the date of filing: (optional)
If an effe <u>Note:</u>	ve date, if other than the date of filing:
e recore rd is fil	I 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 ed.
Dated <sub>.</sub>	August 26 2022
	Signature of a member or authorized representative of a member
	signature of a member of authorized representative of a member
	Riley Park

Filing Fee: \$25.00