11/21/22, 1:04 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

| Email: | Addnace | | | |
|--------|---------|--|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **G.L.Y MARINE LLC**

| Certificate of Status | | () |
|-----------------------|---|---------|
| Certified Copy | | 1 |
| Page Count | | 05 |
| Estimated Charge | ٥ | \$55,00 |

Electronic Filing Menu — Corporate Filing Menu

Registration Section

Tallahassee, FL 32314

From: Sylvia Pauli

TO:

COVER LETTER

| Division of Ce | orporations | | |
|---------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| GLY M | ARINE LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Cheyenne Moseley | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | | |
| | | Firm/Company | |
| | 101 N Brand Blvd 11th Fl | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Glendale, CA 91203 | | |
| | - | City/State and Zip Code | |
| | yosiel712@gmail.com | to be used for luture annual report notif | T Surfaces V |
| For further information | concerning this matter, please co | | (CA(CH) |
| Cheyenne Moseley | concerning the maner, press to | 800 773-0888 | |
| | of Person | at () Area Code Daytime | Telephone Number |
| Name | or return | Area Code Dayline | reception remine. |
| Enclosed is a check for | the following amount: | | |
| □ \$25,00 Filing Fee | ☐ \$30.00 Fiting Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy radditional copy is enclosed: | ☐ \$69.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regis Divisi | JNG ADDRESS: tration Section on of Corporations 30x 6327 | STREET/COURI Registration Section Division of Corpora Clifton Building | n |

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| G.L.Y MARINE LLC | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| (Name of the Limite) | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Lia Florida document number 1.22006298424 | ability Company were filed on 07/05/2022 | and assigned |
| This amendment is submitted to amend the follo | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| GPT MARINE LLC | | |
| The new name must be distinguishable and contain the wo | olds "Elimited Liability Company," the designation "LEC" or the | ne abbreviation "L. L.C." |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREET | "ADDRESS) | |
| | • | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/oregistered agent and/or the new registered offi | or registered office address on our records, en | ter the name of the n |
| | | \ |
| Name of New Registered Agent: | | 283 |
| New Registered Office Address: | Enter Flienda street oddress | |
| | | င်း |
| | $c_{H^{*}}$, Florida | Zip Code 💆 - C |
| New Registered Agent's Signature, if changing Re | rgistored Agent: | |
| provisions of all statutes relative to the proper accept the obligations of my position as regist | l agent and agree to act in this capacity. I further r and complete performance of my duties, and I etered agent as provided for in Chapter 605, F.S. rgistered office address, I hereby confirm that the hange. | im familiar with and Or, if this document is: |
| | If Changing Registered Agent, Signature of New | w Registered Agent |

MGR = Manager

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

| AMBR = A | Authorized Member | | |
|--------------|-------------------|--------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>_</u> | | | |
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| n effe <u>ote:</u> | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| tod 1 | 1/17/2022 |
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| | · • |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00