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COVER LETTER

	Registration Se Division of Cor			
63135812		ATER MARINE SOLUTIONS	SELC	
SUBJEC	1:	Name of Lin	nited Liability Company	-
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		NATALY VALENCIA LO	ONDONO	
			Name of Person	
		UNDERWATER MARES		
			Firm't ompany	
		5880 COLLIN AV APT 90	07	
			Address	
		міамі веасн		
			City/State and Zip Code	
		natisyH 7@ gmail.com		
For furth	er information c	F-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:	لُّنِي - - - ارن
Nataly V			786 4355573	
	Name o	f Person	Area Code Daytime Telephone Numb	
Enclosed	is a check for th	ne following amount:		
≅ \$25,0	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy Certificad display copy is enclosed) Certificated and Certificated Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
į	P.O. Box 632	7	The Centre of Tallahassee	
•	Tallahassee. I	EL 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNDERWATER MARINE SOLUTIONS LLC	
(Name of the Limited Liability Company as it no (A. Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	d on <u>07/24/2022</u> and assigned
florida document number 1.22000327557	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	2
Principal office address MUST BE A STREET ADDRESS)	ب، فنه،
	ය ස
nter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	<u>့</u> မှာ ————————————————————————————————————
· 	1 01
3. If amending the registered agent and/or registered office address o gent and/or the new registered office address here:	(m) (d)
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
,	ance e torida street daaress
	, Florida

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	DANILO F GARCIA OLIVERA	7499 NW 33rd Street 2202 DAVIE FL33024	\ \textsquare \textsquare Add
			= Remove
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	05/30/2023	3			
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ument's effective date on the Depart	tment of State's records	i.			
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cord specifies a delayed effective dat	te, but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day a	ifter th
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, May 30	2023	- - -		6.1	
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