(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	······································
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JAN 1 1 2023	

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Date: 01/10/2023

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	Acc#I201	160000072	and the second
Name:	JACKSONVILLE MARI	NE & REPAIR,	LLC
Document #:			
Order #:	14712340		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:	Country of D		
Filing: 🗸	Certified: Plain: COGS:	Ema	il Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00		

Thank you!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE Jacksonville Marine & Repair, LLC (Name of the Limited Linbillty Company as it now appears on

(A Florid	da Limited Liability Company)	(von our recurus.)	
The Articles of Organization for this Limited Liability	Company were filed on	November 18, 2022	and assigned
Florida document numberL2200C489114	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	ere:	
Jacksonville Machine & Repair, LLC			
The new name must be distinguishable and contain the words "Lir	nited Lishility Company," the di	esignation "LLC" or the abba	vistion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	
Dorland Marian Company	Cliy		Zip Code
ew Registered Agent's Signature, if changing Registered	d Agent:		
hereby accept the appointment as registered agent or rovisions of all statutes relative to the proper and co accept the obligations of my position as registered age eing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of n gent as provided for in Cl	ny duties, and I am fam hapter 605, F.S. Or, if t	iliar with and his document is
	If Changing Registered Agen	it, Signature of New Registe	red Agent

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 = M: AMBR = Ai	anager Ithorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
	•		Change
			□Add
			□Remove
			Change
			□Add
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Effective	date, if other t	han the date of filing:
fan effecti	ve date is listed, the	han the date of filing: (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
document	's effective date	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
record sp	necifies a delayed	effective date, but not so effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.		
	January 3	2023
)ated	· · · · · · · · · · · · · · · · · · ·	
		Signature of a member or authorized representative of a member
		Jorge L. Rivera, Manager Typed or printed name of signee

Filing Fee: \$25.00