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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

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

Email Address: annette @ api processing. com

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TO:

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COVER LETTER

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Div	ision of Corp	porations			
CIID IE CT.	FLORIDA MARINE CONTRACTING & RECOVER LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	l Articles of A	Amendment and fee(s) are sub	bmitted for filing.		
		idence concerning this matter	•		
		Annette Mota			
			Name of Person	·····	
		API Processing - Licensin	g, Inc.		
Firm/Company				· · · · · · · · · · · · · · · · · · ·	
		3419 Galt Ocean Drive Sc	nite A		
Address					
		Fort Lauderdals FL 33308	1		
			City/State and Zip Code		
		annette@apiprocessing.com E-mail address: (n to be used for future annual	report notification)	
For further in	formation cor	ncerning this matter, please c		,	
Annette Mote	3		954 56	7-0013 x 12	
	Name of I	Person	954 56 at () Area Code	Daytime Telephi	one Number
Enclosed is a	check for the	following amount:			
■ \$ 25,00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is and		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mail</u>	ing Address:		Street Ac	ldress:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA MARINE CONTRACTING & RECOVE		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000069085</u>	were filed on FEBRUARY 7, 2023	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	pility company here:	
FLORIDA MARINE CONTRACTING & RECOVERY LLC	,	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	. address on our records, enter the name	of the new register
New Registered Office Address:	To This is a second	<u> </u>
	Enter Florida streat address	
	, Florida	
	Cip [*]	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	•	0

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 Changing Registored Agent, Signature of New Registered 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:

#230001032623

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action -□Add _ 🗆 Remova Change □Add ☐Remove _ 🗆 Change □Add □Remove _ Change __ 🗆 Remove __ Change \square Add _ 🗆 Removo _ Change _ □Add _ Remove

, M HINVE	ing any other information, enter change(s) here: (Altach additional sheets, if necessary.)
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(If an offective Note: If t	date, if other than the date of filing:
f the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	·
	Signature of a member or authorized representative of a member
	STEPHEN D LEE Typed or printed name of signica

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	re date, if other than the date of filing:
the record	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
	M. 10 2022
Dated _	Mar 16, 2023
	அம்மு நகர் நகர் முகர் நகர்கள் நகர்கள் நகர்கள் குறிய நிரும் நகர்கள் நகர்கள் நகர்கள் நகர்கள் நகர்கள் நகர்கள் நகர
	STEPHEN D LEE

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Typed or printed name of signes