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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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 MTNE, LLC

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Corporate Filing Menu

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DEC 21 2023

COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FOMINOV, KIRILL		
		Name of Person	
Name of Person MTNE, LLC Firm/Company 601 NW 135 TERRACE Address PLANTATION, FL 33325 City/State and Zip Code INFO@MTNEUS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FOMINOV, KIRILL Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
		Division of Corporations MTNE, LLC Name of Limited Liability Company Acclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: FOMINOV, KIRILL Name of Person MTNE, LLC Firm/Company 601 NW 135 TERRACE Address PLANTATION, FL 33325 City/State and Zip Code INFO@MTNEUS.COM E-mail address: (to be used for future annual report notification) where information concerning this matter, please call: NOV, KIRILL Name of Person At a Code Daytime Telephone Number 15.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	
		PLANTATION, FL 3332	5
		City/State and Zip Code	
	•	to be used for firture ennual report no	tification)
For further information of		·	Micano,
	and marris, product		
			Talaskana Musika
Name o	i Person	Area Code Dayu	me refeptione Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C	Corporations	Division of Co	orporations
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTNE, LLC			
(Name of the Limited L (A F	lability Company as it no lorida Limited Liability Co	y nopears on our records.) mpany)	
The Articles of Organization for this Limited Liabil Florida document number L23000070563	ity Company were filed	1 on 02/14/2023	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability comp	pany here:	
SK MARINE ENGINEERING, LLC.			
The new name must be distinguishable and contain the words	"Limited Liability Compan	y," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	: 		
(Principal office address MUST BE A STREET A)	DDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	···	
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:	tered office address or re:	our records, <u>enter the n</u>	ame of the new registered
Navy Designated Office Address.			
New Registered Office Address:	Er	ter Florida street address	
		rn. 14.	
_	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent;		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	id complete performai d agent as provided fo tered office address, l	nce of my duties, and I am or in Chapter 605, F.S. O	n familiar with and r, if this document is limited liability
	If Changing Registe	red Agent, Signature of New I	·· C.r. legistered 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			\ _Add
			□Remove
			☐ Change
			□Add
			□ Remove
			
			□Remove
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			□Add
			□Remove
			□ Change

		<u> </u>	
			
			
Note: If the date inserted in this	must be specific and cannot be prior block does not meet the applications.	(optional) to date of filing or more than 90 days after filing.) Pursuant to date statutory filing requirements, this date will not be	o 605.0207 (e listed as 1
e record specifies a delayed effec d is filed.	tive date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated	, 2023	_·	
	Kirill Forning		
		rized representative of a member	_

Filing Fee: \$25.00