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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

Midas Marine Products, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Steve Prevesk Name of Person Midas Marine Products, LLC Firm/Company 1079 N. Tamiami Trail Stc. 361 Address Nokomis, Fl 34275 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steve Prevesk Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

wiidas warine Producis, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan lorida document number 1.23000073762	y were filed on February 9, 2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
<sup>2</sup> &M Boat Dock Holdings, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(m. 1 (m. 1)
Principal office address MUST BE A STREET ADDRESS)		• • • • • • • • • • • • • • • • • • • •
		· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Managara Maria Barrio Grande Bong	_	Ü
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the n	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r?t ≥ .1	
	, Florida	Zip Code

## 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.

If Changing Registered 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frederick Ferrari	10208 Beach Dune Dr. Englewood, FL 34223	
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fective date, if other than th	he date of filing:	( o m 4 i	a=aD
an effective date is listed, the date m	aust be specific and cannot be prior to da	te of filing or more than 90 days after	<b>onal)</b> r filing.) Pursuant to 605.020
ote: If the date inserted in this ocument's effective date on the	block does not meet the applicable Department of State's records	statutory filing requirements, thi	s date will not be listed a
	,		
record specifies a delayed effect	ive date, but not an effective time, a	at 12:01 a.m. on the earlier of: (h	) The 90th day after the
is filed.	·		y vite votil day after me
Annuel 13	2024		
ated August 13	2024		

Typed or printed name of signee