Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:		 		 
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **KEEL HAULERS MARINE SERVICES LLC**

Certificate of Status	0
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T. LEMIEDIX

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## ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION **OF**

## Keel Haulers Marine Services LLC

(A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000137351</u> .	were filed on 03/17/23	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable:	29331 Cypress Dr.				
(Principal office address MUST BE A STREET ADDRESS)	Big Pine Key, Fl 33043				
Enter new mailing address, if applicable:	29331 Cypress Dr.				
(Mailing address MAY BE A POST OFFICE BOX)	Big Pine Key, Fl 33043				
B. 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 nam	e of the new register			
New Registered Office Address:	Enter Florida street address	; ?; S			
	, Florida City	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 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
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		Big Pine Key, Fl 33043	□Remove
			!X∙Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
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cord specifies a delayed effective s filed.						ay after the
	-	123				
<sub>ed</sub> May 10th	<u>20</u>	<u> </u>				
ed May 10th  Robin Tor	<u>20</u>					
ed May 10th Robin Joy	ignature of a membe	er or authorize	d representative o	f a member		<u>.</u>