## L23000148230

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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2024 JUL 31 PH 1: 35

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
CHD IF		MARINE SOLUTIONS LLC	•		
SUBJECT:Name of Limited Liability Company					
		Amendment and fee(s) are subjections concerning this matter.			
riease n	eturn an correspor	dence concerning this matter	to the following.		
		Chacon Carmona Tulio			
			Name of Person		
			Firm/Company		
		2211 NW 26th Ave			
			Address		
		Miami, FL 33142			
		drosquete@ifs-miami.com	to be used for future annual rep	ort noti femilian)	
For furtl	her information co	ncerning this matter, please co		or normeanou)	
Chacon	Carmona Tulio		305 579-9		
	Name of	Person	Area Code	Daytime Telephone Number	
Enclose	d is a check for the	e following amount:			
□ <b>\$</b> 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &	

Mailing Address:

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

Street Address:

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

2024 JUL 31 PH 1: 35 SECR- MARK OF STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ATLANTIS MARINE SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/23/2023 \_\_\_\_ and assigned Florida document number <u>L2</u>3000148230 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_ CuvNew 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 Register

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	Chacon Carmona Tulio	2211 NW 26th Ave. Miami FL 33142	
			≣Remove
			□Change
MGR	Ciasca Liliana	2211 NW 26th Ave. Miami, FL 33142	□Add
			■Remove
			□Change
MGR	Chacon Ciasca Tulio G	2211 NW 26th Ave. Miami, FL 33142	<b>=</b> Add
		<del> </del>	Remove
			□Change
MGR	Chacon Ciasca Gerardo F	2211 NW 26th Ave. Miami, FL 33142	<b>=</b> Add
		<del></del>	□Remove
		-	□Change
			□Add
			SECTION DE LE CONTROL DE LE CO
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Effec	ive date, if other than the date of filing: (optional)	
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Note:	ent's effective date on the Department of State's records.	
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Filing Fee: \$25.00