L23000220182

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COVER LETTER

Division of Corporations 4REEL MARINE SERVICES 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: SERGIO L. SANCHEZ Name of Person Firm/Company 4408 WHISPERING PINES RD Address WEST PALM BEACH, FL 33406 City/State and Zip Code 4REELMARINESERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SERGIO L. SANCHEZ 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 & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION	202
OF	2023 CCT
	<u> </u>
4REEL MARINE SERVICES LLC	j. di
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	70
The Articles of Organization for this Limited Liability Company were filed on O5/04/2023	and assigned
Florida document number L23000220182	₽
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 t Enter new principal offices address, if applicable:	he abbreviation "L.L.C."
(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 agent and/or the new registered office address here:	name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	

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.

City

. Florida __

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>	Name	Address	Type of Action
MGR	NAILEN HERNANDEZ	4408 WHISPERING PINES RD	□Add
		WEST PALM BEACH, FL 33406	■Remove
			□Change
	 		□Add
		 	Change
			2 □Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
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fan effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ate of filing or more than 90 da e statutory filing requirement	(optional) ys after filing.) l nts, this date w	Pursuant to 605.0207 vill not be listed as
e record specifies a delayed effective date, but not an effective time, ed is filed.	at 12:01 a.m. on the carlie	r of: (b) The	90th day after the
Dated AUGUST 31 2023			
Pated			

Filing Fee: \$25.00

Typed or printed name of signee