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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Legasea Mobile Marine Services LCC 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:
Jennifer Jerina Name of Person
Firm/Company
400 Calamondin Ave UW
Pam Bry Fl 3,3907 Jily/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Jerina at (321) 917-6951 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
**S25.00 Filing Fee \$\Bigci \text{S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigci \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\B
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ___ 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 "L.L.C." 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 City

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>	Name	Address	Type of Action
meinbr	Jennifer Jerina	400 Calamondin Ale Ul	<u>√</u> □Add
		Palm Bay, FC 32907	k Remove
			□Change
			□Add
			□Remove
		 	□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chapus

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
There was a miscommunication and	
my name was added erroneously to	
this LLC. I have communications with	
title manager Matthew Griffin to	
Substantiate this that I can show if	>
· · · · · · · · · · · · · · · · · · ·	
additional information is required.	
Mark you	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.	the
Dated Aug wit 21, 2023.	
Son moder Source	
Signature of a member or authorized representative of a member	
dennifer decina	
Typed or printed name of signee	