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COVER LETTER

Registration Section TO: Division of Corporations

SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Dina Riesen				
	Name of Person				
	Marine Intelligence & Solu	ntions, LLC			
		Firm/Company			
	4210 Valley Ridge Blvd, S	uite 138			
	Address				
	Ponte Vedra, FL 32081				
	City/State and Zip Code				
	driesen@marineintelligence				
For further information of	E-mail address: (concerning this matter, please co	to be used for future annual report not all:	ilication)		
Dina Riesen		262 336-4537 at ()	ne Telephone Number		
Name o	if Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marine Intelligence & Solutions, LLC

2023 HOV 17 PH 12: 18

(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 $\frac{6/26/2023}{1}$ and assigned Florida document number L23000306966 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 __ 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 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
Member	James Menges	2048 W Evergreen Avenue, Unit 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Chicago, IL 60622	■Remove
			□ Change
Member	Dina Riesen	8281 Pavia Way	■ Add
		Lakewood Ranch, FL 34202	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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<u>vote:</u>	tive date, if other than the date of filing:
recoi Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
ated	11/13/23
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00