

L24000087970

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INC AUTHORITY, LLC
Account Number : 120240000004
Phone : (775)329-7721
Fax Number : (775)376-9207

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2024 MAR 12 AM 8:25
Shari H. H. H. H.
TALLAHASSEE, FL

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

Email Address: mykrakenmg@gmail.com

RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KRAKEN MARITIME GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KRAKEN MARITIME GROUP, 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 **02/19/24** and assigned
Florida document number: **L24000087970**

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

**2070 Harbour Walk Circle Unit 3224
Naples, FL 34109**

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**2070 Harbour Walk Circle Unit 3224
Naples, FL 34109**

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

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ralph Weakland	2070 Arbour Walk Circle Unit 3224	☐ Add
		Naples, FL 34109	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *attach additional sheets, if necessary*

F. Effective date, if other than the date of filing: N/A (optional)

It is effective when used in the dose of 100 mg per day and should be continued for 30 days after the last day of the last menstrual period.

Note: If the date inserted in this block does not meet the applicable date statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's record.

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 the record is filed.

Dated _____ 12. 09.2024

Notwithstanding the fact that the above is a representation of the original

Ralph Weakland

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