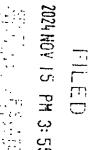
## L24000 91114

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## **COVER LETTER**

	Registration Se Division of Cor			
arn ir	Matthew In	iglis, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Matthew Inglis		
			Name of Person	<del></del>
		Matthew Inglis, LLC		
Firm/Company		Firm/Company		
1126 S. Federal Hwy., Ste 105				
			Address	
		Fort Lauderdale, FL 3331	6	
			City/State and Zip Code	<del></del>
		capt,matthewinglis@gmail.		
		E-mail address: (	to be used for future annual report noti-	fication)
For furth	er information c	oncerning this matter, please c	all:	
Matthew	duglis		954 654-8770 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	Lis a check for th	ne following amount:		
<b>≡</b> \$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 enclosed)
	Mailing Address Registration S	Section	Street Address: Registration Sec	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV 15 PM 3:55

Matthew Inglis, LLC	. •.	5 <u>2778</u> .
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)	<del>i puit</del> . Seidane
The Articles of Organization for this Limited Liability Company	were filed on 02/26/2024	and assigned
Florida document number <u>L24000097114</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Triple Crown Marine, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L1.C" 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)	<del> </del>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
agent and/or the new registers write more is		
Name of New Registered Agent:		
New Registered Office Address:	Enter Fiorida street address	
	, Florio	da.
	(iţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrophics of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and a provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is

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>	Address	Type of Action
<del></del>			DAdd
		·	Remove
			Change
			□Remove
			□Change
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		<del> </del>	□Remove
			□Change

• . . . .

D. It amending any which mister	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
· · · · · · · · · · · · · · · · · · ·		
<del></del>		
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····	·	
<u></u>		
<ul> <li>Note: If the date inserted in this</li> </ul>	the date of filing:	.0207 (3)(ted as the
f the record specifies a delayed effection of the filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated November 8	7 2024	
- Bu	Signature of a member or authorized representative of a member	
Kenneth Moreland	·	
	Typed or printed name of signee	