L24000135673

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:		ration Sect on of Corpo		Er	ું હ	.	e e	18
			Marine LLC	•		•		
SUBJEC	CT:		Name of Lim	ited Liability Company				
The encl	osed Ai	rticles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn all	correspond	dence concerning this matter	to the following:				
			Donna M Hoffman					
				Name of Person		•		
			Bishop, Rosasco & Co					
				Firm/Company				
			8085 Overseas Hwy					
				Address				
			Marathon, FL 33050					
			dhoffman@keyscpa.com	City/State and Zip Co	ode			
			-	to be used for future ann	ual report noti	fication)		
For furth	er infor	rmation con	cerning this matter, please ca	ıli:				
Donna N	d Hoffi	nan		305 at ()	743-6586			
		Name of P	erson	Area Code	Daytim	e Telephon	e Number	
Enclosed	l is a ch	eck for the	following amount:					
■ \$25.	.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is			660.00 Filing Certificate o Certified Co (additional cop	f Status & py
		g Address:			t Address:			
		tration Se	ction		stration Sec			

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

Two Copnehs Marine LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 3/19/2024	and assigned
Florida document number L24000135673		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited b	liability company here:	
Two Conchs Marine LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	1.3
		4.5
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		• .
		_
		<u>. 8</u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the	name of the new registered
agent und/of the new registered office address nerv.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	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>	Address	Type of Action
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			Remove
			CChange
			□Add
			□Remove
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recor Lis fi		delayed effectiv	e date, but not	an effective	time, at 12:01	a.m. on the	earlier of: (b)	The 90th day	after the
ated	4/\$/	- 7-	<u> </u>	2024	·				
			Signature of a	member or aut	horized represer	ntative of a me	mber		-
		/	oignature or a	incinoci on au					

Filing Fee: \$25.00