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COVER LETTER

TO:

TO: Registration Se Division of Cor					
	Marine Services LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Thomas R Newkirk				
		Name of Person			
Bay Harbor Marine Services LLC					
Firm/Company					
4030 W Henderson Blvd. Suite 553					
Address					
	Tampa, FL 33629		SEC.		
	baywayventures@yahoo.co	City/State and Zip Code			
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report noti	fication)		
For further information e	oncerning this matter, please c	all:			
Thomas R Newkirk		813 601-1900			
Name o	f Person		e Telephone Number		
Enclosed is a check for th	ne 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 enclosed)		
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street. Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay Harbor Marine Services 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 November 18, 2024 and assigned Florida document number L24000487217 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) N/A 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: N/A 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>	<u>Name</u>	Address	Type of Action
MGR	Jeffery E Protic	1521 Sakonnet Court	= Add
		Brandon, FL 33511	□ Remove
			□Change
			□Add
			□ Change
			□Add .
			D □ Remove
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Filing Fee: \$25.00