## 125000028390

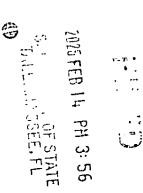
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

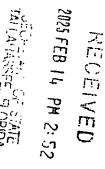
Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor		
CHDIEC	Subknox D	Diving Services	
SUBJEC	.1:	Name of Lin	nited Liability Company
The enels	osed Articles of	Amendment and fee(s) are sub	amitted for filing
		ondence concerning this matter	·
		Jason R Knox	
		<del></del>	Name of Person
		<del></del>	Firm/Company
		5803 Buck Ward RD	
		Baker, FL 32531	Address
D 0 1			to be used for future annual report notification)
		oncerning this matter, please c	all.
Jason R I			850 902-0284 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:	
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
ī I	Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327		7	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Subknox Diving 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 January 15th 2025 \_\_\_ and assigned Florida document number L25000028390 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
MGR	Jason R Knox	5803 Buck Ward Rd Baker F1, 32531	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Change
<u></u>			□ Add
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If amending any other informatio					
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ffective date, if other than the date an effective date is listed, the date must be tote: If the date inserted in this block ocument's effective date on the Department.	does not meet the applicable stat		er filing.) Porsoa	unt to 605.0 ot be listed	207 I as
record specifies a delayed effective date is filed.	ate, but not an effective time, at 1.	2:01 a.m. on the earlier of: ()	b) The 90th	day after t	he
ated	2025	//	<b>&amp;</b> 5	2025 FEB	
Sig	mature of a member or authorized rep	resentative of a member		_E	•
	•			⊋:	
Jason R Knox			m. (2)	<u></u> မှာ	•≥,

Filing Fee: \$25.00