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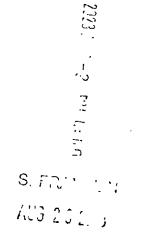
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COVER LETTER

TO: **Registration Section** Division of Corporations

	INE TEAM LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Brandon Grimes			
		Name of Person		
	B&B Marine Team LLC			
		Firm/Company		·
	2605 Katie Marie Lane			
	-	Address		
	Lynn Haven, Fl 32444			
	bgrub19@yahoo.com	City/State and Zip Code		
	E-mail address: (t	o be used for future annual rep	ort notification)	
For further information c	oncerning this matter, please ca	ill:		
Brandon Grimes		850 686-9 at ()		
Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	ed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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**

B&B Marine Team LLC (Name of the Limited Liability Company as it now appears on our records.)

(THE VINE DIE	(A Florida Limited L	iability Compar	iy)	
The Articles of Organization for this Limited L23000254254	Liability Company v	were filed on	May 24th 2023	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabil	lity company	y here:	
				6-3 (-3)
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," t	he designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appl	icable:			N 2
(Principal office address MUST BE A STRE	ET ADDRESS)			
		2605 Katie !	Marie Lane Lynn Haven, fl.:	د
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	EBOX)			
3. If amending the registered agent and/or ngent and/or the new registered office addr			ir records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:		·		
New Registered Office Address:	2605 Katie Mari			
			Florida street address	
	Lynn Haven, FL		, Florida	.444
		City		Zıp 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>	Type of Action
AMBR	Brandon Grimes	7283 Red Brick Road Milton FL 32583	= Add
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			☐Change
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ecord s	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
	July 23 2023	
ated	12	
ated	Signature of a member or authorized representative of a member	