

L18000096906

08/28/2013

8:51

407-885521

DELOACH, PL

PAGE 01/04

5/14/2018

Division of Corporations

H18000149621 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000149621 3))



H180001498213ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DELOACH, PL
Account Number : I20030000125
Phone : (407)480-5005
Fax Number : (407)480-5025

FILED
18 MAY 15 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: geoff@deloachplanning.com

RECEIVED
2018 MAY 15 AM 11:07

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PSM MARINE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY
MAY 16 2018

Electronic Filing Menu

Corporate Filing Menu

Help

H18000149621 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSM Marine Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company))

FILED 18 MAY 15 AM 10:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 19, 2018 and assigned Florida document number L18000096906

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 "L.L.C."

Enter new principal offices address, if applicable:

Timothy Baker, C/O Hello! Florida Destination Management

(Principal office address MUST BE A STREET ADDRESS)

3840 Vineland Road Suite 200

Orlando, Florida 32811

Enter new mailing address, if applicable:

Timothy Baker, C/O Hello! Florida Destination Management

(Mailing address MAY BE A POST OFFICE BOX)

3840 Vineland Road Suite 200

Orlando, Florida 32811

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

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

H18000149621 3

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>	<u>Type of Action</u>
MGR	Timothy Baker	C/O Hello! Florida Destination	<input type="checkbox"/> Add
		Management	<input type="checkbox"/> Remove
		3840 Vineland Road Suite 200	<input checked="" type="checkbox"/> Change
		Orlando, Florida 32811	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 18 MAY 16 AM 05:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H18000149821 3

Multiple horizontal lines for amending information.

FILED
18 MAY 15 AM 10:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 10, 2018

Paul S. Mears, Jr.
Signature of a member or authorized representative of a member

Paul S. Mears, Jr.
Typed or printed name of signer