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PICK-UP WAIT MAIL
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Blue Fronti	ers Diving & Marine Services.	LLC				
SUBJECT.	Name of Lim	ited Liability Company		<del></del>		
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The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Joseph O'Sullivan					
		Name of Person				
	Sailing Maritime Dream, I	LLC				
		Firm/Company				
	135 Jenkins St Suite 105B	#138				
		Address	· · · · · · · · · · · · · · · · · · ·	<del></del>	- 1	
	St Augustine, FL 32086				· <u>·</u>	
		City/State and Zip Code		一条に	درا	
	sailingmaritimedream@gm	ail.com to be used for future annual report notil	firetion)	- - 38.5 - 40.5		í
For further information c	oncerning this matter, please co		realthy	STA E. FI	/ `~6 //M 7: 05	(
Joseph O'Sullivan		850 866-5652		, IE	05	
Name o	f Person	at () Area Code Daytime	2 Telephone Numb	ber	-	
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 enclosed)	Certifi	Filing Fe icate of St ed Copy nat copy is	tatus &	
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Sec Division of Cor				
P.O. Box 632		The Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	our records.)		
he Articles of Organization for this Limited Liability Company were filed on March 8	8, 2022	and a	ssigned
lorida document number			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company here:			
ailing Maritime Dream, LLC			
ne new name must be distinguishable and contain the words "Limited Liability Company," the designa-	ation "LLC" or the abb	reviation '	L.L.C."
nter new principal offices address, if applicable:		63	
Principal office address MUST BE A STREET ADDRESS)		, <u>;;</u> ;	. ~
	(m.) 34.50		7 / 8 sec.
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nter new mailing address, if applicable:	<u>(no</u>	<u> </u>	-
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<del></del>	
		, C	

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>	Name	Address	Type of Action
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			□Remove
			□Change
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traction data if all the standards and the standards		
ective date, if other than the date of filing:	g or more than 90 days after filing.)	Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	y filing requirements, this date w	vill not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	a.m. on the earlier of: (b) The	90th day after th
	2	
ted May 24th 2024	<i></i>	