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| Certified Copies Certificates of Status | | | | | | | |
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| Cascial Instructions to Filing Officer | | | | | | | |
| Special Instructions to Filing Officer: 9112 | | | | | | | |
| 19/12 amend | | | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | · · · · · · · · · · · · · · · · · · · |
|---|--|
| SUBJECT: JAX MARINA , (Name of Limited Liability Com | LLC pany) |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | · ·- |
| Ron Peled (Name of Person) | <u></u> |
| | GROUP, LLC |
| 19655 E COUNTRY (Address) | CLUB OR (6/102) |
| AVENTURA / FL (City/State and Zip Code) | 33180 |
| For further information concerning this matter, please call: | |
| Ron feled at (Area (Area | a Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing I Certified Cop (additional co | Fee & S60.00 Filing Fee, by Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | · · · · · · | JAX | MARIA | /A | 110 | <u></u> | | | |
|---------|---------------------------------------|---------------------------------------|-------------------------------|------------------------|------------|----------------|------------------|-----------|---------------|
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| FIRST: | The Articles of Org | ranization were fi | led on 9 | slos | <u>-</u> - | and assigne | ď | | |
| SECOND: | This amendment is ARTICLE | submitted to ame | nd the following | ng: | | * • • | | | |
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| Dated | 3/8/05 fective as o | f 9/5/0's | 2005 | | | | TARY ASSE | SEP 12 PE | |
| HINTE | arity Groups | LLC ignature of a plemb | RO1 Poer or authorize | elcd d representat | PCS 10 | lant | S TATE LORIDA | | - |
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| | | Тур | ed or printed na | ime of signee | | | | | |

Filing Fee: \$25.00