Florida Department of State

Division of Corporations Electronic Filing Cover Sheet التراسيين الايم والمراور وراوم بالمهيز يواها للا فيستسيده يرا الاستياريون المعار للما للمعاسمين

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES

Account Number : I20030000112

Phone : (239)552-4100 Fax Number : (239)649-0158

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OZEAN MARINE, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

S Warren

MAY 2 2 2017

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({(H170001377173))}

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lin (A Flo	bility Company as it now appears or	our records.)
The Articles of Organization for this Limited Liabilit		•
This amendment is submitted to amend the following	ż :	
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 desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET AL	DRESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX		
registered agent and/or the new registered office : Name of New Registered Agent:	address here:	
New Registered Office Address:		
14ew Registered Office Additions.	Enter Florida	streat address
	<u> </u>	, Florida Zip Code
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the registerm company has been notified in writing of this change in the	nd complete performance of m ed agent as provided for in Ch stered office address, I hereby	y duttes, and I am familiar with and 🦾 apter 605, F.S. Oz, if this document is
	If Changing Registered Ager	t, Signature of New Registered gent
	Page 1 of 3	STATS

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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 1.14

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JETS-OZEAN MARINE, LLC	PO BOX 7098	
		DESTIN, PL 32540	≡ Remove
			☐ Change
MGR	SHAWN J. TALPEY	115 John Sims Parkway West	■ Add
		Nicovillo, FL 32578	□ Remove
			[] Change
VMGR	R KERI L. DOSCHER	115 John Sims Parkway West	■ Add
		Niceville, FL 32578	☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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	•	·	A PLOS
			TOR O

Page 2 of 3

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amending any other information,	enter change(s) here: (Attach additional s	heets, if necessary.)
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ffective date, if other than the dat an effective date is listed, the date must be s lote: If the date inserted in this block occument's effective date on the Depar	e of filing: specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing req tment of State's records.	
The 90th day after the record	fective date, but not an effective time is filed.	, at 12:01 a.m. on the earlier $\mathfrak c$
ated May 19	- , 2017	•
		····· (/)
Sign	nature of a member or authorized representative of a	member 50 3
Leo J. Salvatori	`	ANAY F
	Typed or printed name of signed	LED 9 AM RY OF SEE, F
	Page 3 of 3	AM IO: 37 OF STATE FLORID
		<u> </u>