L06000026532

(Re	equestor's Name)	····
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COVER LETTER

	egistration Solivision of Cor							
CLID IECT	Pesantes M	arine Group LLC	•					1747
SUBJECT	· .	Name of Lim	nited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please retu	ım all correspo	ondence concerning this matter	to the following:					
		Beatriz Ayala						
			Name of Person	. .				
			Firm/Company					
		3111 Orange Grove Trail						
			Address				~	
		Naples FI 34120				ECRE	2023 SE	E · ·
		BMASERV028@GMAIL.C	City/State and Zip Coo	le		1487 1487	P 25	- tu - tu
For further	information c	E-mail address: (oncerning this matter, please e	to be used for future annual:	al report notifica	tion)		0:	i despr Park
BETTY A	YALA		239 2	227-5655		rii la m	<i>С</i> Л 9	
	Name o	f Person	Area Code	Daytime Te	dephone Nur	nber	_	
Enclosed is	s a check for th	ne following amount:						
\$ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		Certi Certi	0 Filing For Figure 19 Fig	tatus &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Regis Divis	Address: tration Section of Corpo Centre of Tall	rations				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PESANTES MARINE GROUP LEC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recorded Liability Company)	ords.)
he Articles of Organization for this Limited Liability Comp	any were filed on 02/27/2023	and assigned
orida document number L06000026532		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited L	iability Company." the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	ù	
		<u> </u>
		773 S
nter new mailing address, if applicable:		[2] E
Mailing address MAY BE A POST OFFICE BOX)		75
		SE 12
		AH O
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zin 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>	Address	Type of Action
AMBR	FABIAN F. PESANTES	717 PONCE DE ELON BLVD UNIT 227	= Add
		CORAL GABLES FL 33134	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Cn T Change
		The state of the s	55 □ Add
			□Change
			□ Add
			□Remove
			□ Change
			🗆 Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) S 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 _ SEPTEMBER 20 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

FABIAN M. PESANTES