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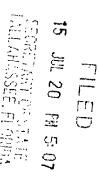
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JUL 21 2015 S. YOUNG

COVER LETTER :

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DALE MARINE CENTER, LL	.c			
Name of Lim	ited Liability Company			
	_			
SELVIN PASSEN, MD				
	Name of Person		-	
C/O PASSEN ENTERPRI	ISES, LLC			
	Firm/Company		-	
200 SW 1 AVENUE, SUI	TE 830			
	Address		-	
FORT LAUDERDALE, F	L 33301		室部 3	
MWEBER@PASSENENT	City/State and Zip Code ERPRISES.COM			آب
E-mail address: (to be used for future annual rep	ort notification)	20 Sar S	171
oncerning this matter, please c	all:			Ü
		837	등급 8.	
f Person		Daytime Telephone Number		
ne following amount:				
□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifica d) Certified	ite of Status & Copy	
	AMEBER@PASSENENT E-mail address: (Oncerning this matter, please of Person The property of t	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: SELVIN PASSEN, MD Name of Person C/O PASSEN ENTERPRISES, LLC Firm/Company 200 SW 1 AVENUE, SUITE 830 Address FORT LAUDERDALE, FL 33301 City/State and Zip Code MWEBER@PASSENENTERPRISES.COM E-mail address: (to be used for future annual repondencerning this matter, please call: 1 954 900-5 Area Code The following amount: \$\Pi\$\$ \$30.00 Filing Fee & Certified Copy	POALE MARINE CENTER, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: SELVIN PASSEN, MD Name of Person C/O PASSEN ENTERPRISES, LLC Firm/Company 200 SW 1 AVENUE, SUITE 830 Address FORT LAUDERDALE, FL 33301 City/State and Zip Code MWEBER@PASSENENTERPRISES.COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: at (954) 900-5837 f Person at (954) 900-5837 Area Code Daytime Telephone Number the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Certificate Certificate Certificate Copy (additional copy is enclosed)	DALE MARINE CENTER, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: SELVIN PASSEN, MD Name of Person C/O PASSEN ENTERPRISES, LLC Firm/Company 200 SW 1 AVENUE, SUITE 830 Address FORT LAUDERDALE, FL 33301 City/State and Zip Code MWEBER@PASSENENTERPRISES.COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 15 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certifica

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

LAUDERDALE MARINE CENTER, LLC	
(Name of the Limited Liability Company as it now ap) (A Florida Limited Liability Company	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	04/03/2006 and assigned
lorida document number L06000034765	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>/ here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	4 1
	28 日
	THE REST
Inter new mailing address, if applicable:	THE ON
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	···
	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office address	on our records, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
City	7in 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	MARK PRATT	2001 SW 20 STREET, SUITE 102	
		FORT LAUDERDALE, FL 33315	■ Remove
			□ Change
			🗅 Add
			☐ Remove
			Change
			Remove
			☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			Change
			☐ Add
			Remove
			Change
			Add
			☐ Remove
			□ Change

ive it amending any of	ner information, ent	ter change(s) here: (Attach additional she	ets, if necessary.)	

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E. Effective date, if oth	ier than the date of f	Nling:	(optional)	
Note: If the date inse	ed, the date must be specifi- rted in this block does r date on the Department	ic and cannot be prior to date of filing or more than 9 not meet the applicable statutory filing require of State's records.	O days after filing.) Pursuant to ments, this date will not be b	505,0207 (3µb) isted as the
If the record specifies (b) The 90th day af	s a delayed effective the record is file.	ve date, but not an effective time, at led.	12:01 a.m. on the ear	rlier of:
			= : 1	ऊ
Dated JULY 16,		2015		= -
- Le	our for	em/m)	<u> </u>	L 20
	<i>l</i>	of a member or authorized representative of a mem	ner (1)	20 E
SELVINP	ASSEN, MD	Typed or printed name of signee		्याः स्रा
		- Sham at himman mina in silvina	- 44 · ·	0

Page 3 of 3

Filing Fee: \$25.00