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COVER LETTER

то:	Registration S Division of Co			
emb icz		Level Marine LLC		
SUBJEC	., I i	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	,
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Clemens W. Pauly, Esq.		
			Name of Person	
		Pauly P.A.		
			Firm/Company	
		815 Ponce de Leon Blvd.		
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		pauly@cpauly.com	to be used for future annual report no	
For furth	er information (e-mail address: (concerning this matter, please c	·	ancaion)
	s W. Pauly, Esq.		305 967-6900	
	· ·	of Person	at ()	me Telephone Number
	Name	or rerson	Afea Code Dayiii	me refeptione Number
Enclosed	l is a check for t	he following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&M SEA L	EVEL MARINE	LLC			
(Name of the Lin	ited Liability Con (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)		
The Articles of Organization for this Limited		my were filed on 04/19/	2006	and assigned	
Florida document number 1.06000040237				18 SEC	
This amendment is submitted to amend the fo	llowing:			OCT -	T1
A. If amending name, enter the new name	of the limited li	ability company here:		SE	F-v
N/A				1	
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the design	nation "LLC" or the abbr	svia 的 為小 先	
The new name must be distinguishable and contain the Enter new principal offices address, if appl	icable:	N/A		<u>8</u> 2 28	
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered			r records, enter th	e name of the	new
Name of New Registered Agent:	N/A				_
New Registered Office Address:					
<u></u>		Enter Florida s	treet address		
			. Florida		
		City		Zip 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>	<u>Address</u>	Type of Action
MGR	DIRK SOEHNGEN	SCHELLERDAMM 22-24	Add
		D-21079 HAMBURG	Remove
		GERMANY	
			□ Change
			
			□ Remove
			☐ Change
			□ Adđ
			Remove
			Change
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	n/a
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lffect	ive date, if other than the date of filing: (optional)
f an et: <u>Note:</u>	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 3, 2018
	Mas AR
	Signature of a member or authorized representative of a member
	Clemens W. Pauly, Esq.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00