## L06000100188

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
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B. KOHR

SEP 2 0 2011

**EXAMINER** 



000212086570

09/16/11--01016--005 \*\*25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **Attn: Florida Department of State Division of Corporations**

Please send the acknowledgement to the following address:

2890 NE 187<sup>th</sup> Street

Aventura, FL 33180

Attn: Maria Fundora-Macias

Daytime Phone #: 305-374-2782 x205

Fax: 305-374-5438

## **COVER LETTER**

Division of Co			
SUBJECT:	AMP Ma	rina Fund I ,LLC	10000
		ited Liability Company	5.5 6 CALLED
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	1 SEP 16 M 83 )
Please return all corresp	condence concerning this matter	r to the following:	J &
	<del></del>		
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifica	ition)
For further information	concerning this matter, please of	all:	
Name of Person		at () Area Code & Daytime 7	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 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)

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

1) Sto 16 Marions

AMP MARIN	A FUND I, LLC		· A
(Name of the Limited Liability (A Florida L	Company as it now app imited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on _	10/13/2006	and assigned
Florida document number <u>L06000100188</u>	<b>~</b> ·		
This amondment is submitted to amond the following.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company l	<u>iere</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Con	npany," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u> </u>	<del></del>
B. If amending the registered agent and/or register		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:			
	dress		
		, Florida	
<del></del>			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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title ' Type of Action <u>Name</u> Address MGR Sturner Andrew ☐ Add Remove Aqua Marine Partners,LLC MGR 2890 NE 187th St Aventura El 33180 ✓ Add
☐ Remove ☐ Add ☐ Remove ∏Add Remove ∐Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Andrew Storms Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00