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(Address)
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PICK-UP WAIT MAIL
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L. SELLERS

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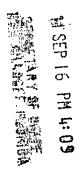
EXAMINER

Office Use Only



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09/16/11--01011--015 **25.00



Attn: Florida Department of State Division of Corporations

Please send the acknowledgement to the following address:

2890 NE 187th Street

Aventura, FL 33180

Attn: Maria Fundora-Macias

Daytime Phone #: 305-374-2782 x205

Fax: 305-374-5438

COVER LETTER

SUBJECT: AMP Marina Operations,LLC Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sui	bmitted for filing.			
Please return all correspon	ndence concerning this matter	r to the following:			
		Name of Person			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		Address			
		City/State and Zip Code			
		to be used for future annual report notificat	tion)		
For further information co	ncerning this matter, please of	call:			
Name of	Person	at () Area Code & Daytime T	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

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(/	A Florida Limited Liability Com	pany)
The Articles of Organization for this Limited L	on and assigned	
Florida document number		
This amendment is submitted to amend the following	lowing:	•
A. If amending name, enter the new name of	of the limited liability compa	ny here:
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability	Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o		s on our records, enter the name of the new
Name of New Registered Agent:	J	7000.
New Registered Office Address:		SH
		Enter Florida street address O
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered	ed agent and agree to act in	this capacity. I further agree to comply with

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 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 <u>Title</u> <u>Name</u> **Address Type of Action** MGR Sturner, Andrew ☐ Add Remove MGR ✓ Add ☐ Remove 2890 NE 187th ST Aventura, FL 33180 ☐ Add ☐ Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Andrew Sturm CEO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00