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COVER LETTER

TO:		istration Sec sion of Corp				
SUBJE	CT·	Mangrove M	Marine, LLC			
oobje.	.		Name of Lim	ited Liability Company		
			Amendment and fee(s) are sub- ndence concerning this matter	_		
			E. Matthew Young			
	Name of Person					
			Mangrove Marine, LLC			
				Firm/Company		5 FACE
			1807 W. RIchardson Pl			8 25
				Address		7 500
			Tampal, FL 33606			TE NOV -4 PH 12: 02
		City/State and Zip Code			2: 0	
			myoung@mangroveequity.c E-mail address: (com to be used for future annual report		~
For furth	her in	formation co	oncerning this matter, please ca	all:		,
E. MAtt	hew	Young		813 340-913	3	
		Name of	Person	at () Area Code Da	vtime Telephone Number	
Enclosed	d is a	check for the	e following amount:			
\$25.	.00 Fi	ling 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	
			NG ADDRESS:	STREET/CO Registration So	URIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mangrove Marine, LLC		
(Name of the Limited Lia (A Fio	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on April 15, 2008	and assigned
Florida document number L08000037762	·	
This amendment is submitted to amend the following	Ç:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	TAS
		E CS
Enter new mailing address, if applicable:		# SEX
(Mailing address MAY BE A POST OFFICE BOX)		유 - 1위
; ·		2: RX
		22
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, <u>ddress here</u> :	enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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>	Address	Type of Action
MGRM	Glenn B. Oken	2902 West Chapin Ave	Add
		Tampa, FL 33611	Remove
			☐ Change
			Add
			□ Remove
			SECRETARY AND VALUE AND VA
			PHAVE PLORIUA Change
			□ Changē →
			Remove
			Change
			Add
			Remove
		·	Change
			□ Add
			Remove
			Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable staument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an energy each day after the record is filed. \bigcap	ffective time, at 12:01 a.m. on the earlie
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ed 1/2/16 / W.	

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Filing Fee: \$25.00