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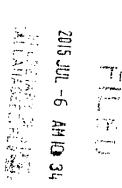
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER ;

TO:	Registration, Se Division of Cor			
CLID IE		MARINE, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		CHARLENE DEA		
			Name of Person	
		AVMAR ACCOUNTING	SERVICES INC	
			Firm/Company	
		9 SW 13TH STREET		
			Address	
		FT LAUDERDALE, FL 3.	3315	
			City/State and Zip Code	
		CHARLENE@AVMARAC		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
CHARL	ENE DEAL		954 764-0404 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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

BRAISTED MARINE, LLC

DRAISTED WARINE, LEC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on 05/28/2008 and assigned
lorida document number L08000052891	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C"
inter new principal offices address, if applicable:	1721 SW. 23rd St.
Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33312
	1721 SW. 23rd St.
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33312
·	k No.
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he	office address on our records, enter the name of the n
egistered agent and/or the new registered office address ne	ere:
	Service Servic
Name of New Registered Agent:	- 4ξ ² ω
New Registered Office Address:	11
<u>-</u>	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If anrending 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>I itle</u>	<u>Name</u>	Address	Type of Action
MGMR	MATT BRAISTED	1721 SW. 23rd St.	
		Fort Lauderdale, FL 33312	□ Remove
			E Change
MGMR	KRISTIN BRAISTED	1721 SW. 23rd St.	□ Add
		Fort Lauderdale, FL 33312	Remove
		· 	■ Change
			Add Add Remover
			☐ Change
			□ □ □ Remove
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ctive data if ether than the	late of filing:	(northograph)	
effective date is listed, the date must	be specific and cannot be prior to date of fifting of	(optional) ir more than 90 days after filing) Pursi	am to 605,0
If the date inserted in this blo intent's effective date on the De-	ck does not meet the applicable statutory fi	iling requirements, this date will n	ot be listed
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Page 3 of 3

Typed or printed name of signer

Filing Fee: \$25.00