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	Division of Corporations Fax Number : (850)617-6383		
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	Account Name : EXPRESS CORPORATE	* · · · · · · · · · · · · · · · · · · ·	
	Account Number : I20000000146		: عتب : در در
	Phone : (305)444-4994 Fax Number : (305)444-4977		
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	annual report mailings. Enter only one Email Address:		121, 121, 12, 124,1134
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FAX No.

ARTICLES OF A TO ARTICLES OF OF OF BOSCH MARINE (Name of the Limited Lighted Compared	ACHT SERVICES	19 JUL 15 IH # 50
The Articles of Organization for this Limited Liability Company w Florida document number <u>L= 10000088403</u> . This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability</u>		and assigned
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the a	bbreviation "LLC."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, enter the name of the pew registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

GISELA KLINCK-ALGIERI 4466 INVERARY DRIVE, # 211 Enter Floglida street address LAUDER HILL, Florida 33319 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.

(Rend. It hanging Registered Agent, Signature of New Registered Agent Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

Type of Action Address Title Name GISELA KUNCK-ALGIERI HIGO INVELLARY DEIVEHAII LAUDERHKL, FL 33319 X Add Ambr Ci Remove _Change MGRH OCHERT ROSCH 757 SE 1719 STREET, # 922 FOLT LANDERDALE, TH 33816 K Remove Change MGRH MELODY BOSCH 🛛 Add 757 SE (7H STREET, # 922 FORT LAWDERDALE, FL 33316 Remove Change D Add C Remove 🗖 Change 🗖 Add C Rémove Change C Remove Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(If an effective date is listed, the date must be specific and cannot be prior in date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Nete:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

7-11-20 Dated ق under ized a contative of a member Signature of a 61 tio yped or printed name of signee 20 N ie? 50 Page 3 of 3

Filing Fee: \$25.00