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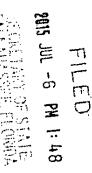
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	STG Marine V		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Steven G	ilchrist Name of Person	
	STG Marine	Voltures Firm/Company	····
	705 SW 18	TH CT Address	
	Fr Lauderdale	City/State and Zip Code Choo. Com o be used for future annual report not	<u></u>
	Sea 25ea 9 @> E-mail address: (1	o be used for future annual report not	ification)
For further information co.	ncerning this matter, please ca		
Steven Gildaris Name of	Person	at (954) 594-45 Area Code Daytim	ne Telephone Number
Enclosed is a check for the	e 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

FILED 2015 JUL -6 PM 1: 48

SECRETARY OF STATES TAREAUSSEFE, FLORIDA

STG Marine V	entures	LLC	TATE MINOS	
(Name of the Limited)	Florida Limited	any as it now appears (Liability Company)	on our records.	
The Articles of Organization for this Limited Liab Florida document number <u>L120000</u> 2616		y were filed on <u>2</u> /	122/2012	_ and assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of the	e limited lial	bility company here	:	
The new name must be distinguishable and contain the word	20mpany	LLC		
The new name must be distinguishable and contain the word	ls "Limited Liabi	ility Company," the desi	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	<u>4DDRESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	-		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida	a street address	
			, Florida	
		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:

	Manager Authorized Mem	ber		
<u>Title</u>	<u>Name</u>		Address	Type (

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Page 3 of 3

Filing Fee: \$25.00