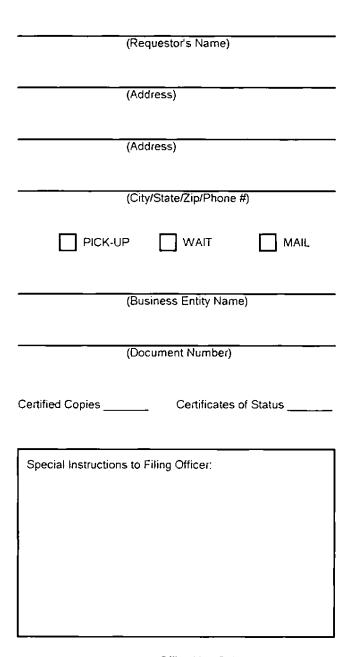
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COVER LETTER

#112 Admi SUBJECT:	ral. LLC		
70 bate 01.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gregory S. Oropeza, Esq.		
		Name of Person	
	Oropeza, Stones & Carden		
	221 Simonton Street	Firm/Company	
	Key West, FL 33040	Address	
	trygtoer@hotmail.co.uk	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please co	all:	
Gae Ganister		305 294-0252 at ()	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

#12 Admiral, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L12000044423	were filed on 03/30/2012 A II: 29 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	112 Admiral Lane		
(Principal office address MUST BE A STREET ADDRESS)	Key West, FL 33040		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Goran Rylander	2, Rue Tony Neuman Luxemborg XX	Add
			Remove
			□ Change
			☐ Remove
			□ Change
			Add
			Remove
			Change
			
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			
			☐ Remove
			□ Change

rective date, if other than the date of filing:			
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed. Ted June 7 Signature of a member or authorized representative of a member.			
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Page 3 of 3

Filing Fee: \$25.00