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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

SEALING MARINE INVESMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO PADRON

Name of Person

SEALING MARINE INVESMENTS LLC

Firm/Company

2051 NW 112TH AVENUE, SUITE 117

Address

MIAMI, FL. 33172

City/State and Zip Code

diego.padron@blitzpm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO PADRON

_{...}305**396-6977**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

SEALING MARINE INVESMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number <u>L12000123489</u>	Company were filed on	and assigned		
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company here:			
SEALING MARINE INVESTMENTS LLC				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(Principal office address MUST BE A STREET AD	DRESS)	A TY		
		934 5		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		5		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	<u> </u>	er the name of the nev		
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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			2013 Jan 1
			Remove
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			Add
			Remove

amending any other informatio	n, enter change(s) here: (Attach additional she	ets, if necessary.)
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	Typed or printed name of signee	
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