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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to	Filing Officer:			
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COVER LETTER

то:	Registration S Division of Co.				
SUBJE	ет: <u>Е</u> \і\	e Ore Man Name of Limi	Led Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		lean '	Phillips Name of Person		
		Toho (Marine + Outd	001S	
		1621	3th St.	2013 J	المديكر معم
		St. C	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	2113 JAN 14 PK F2 SLEAN ASSECT FLORI F169 SECONOMICA PROPERTY OF STATE F16	
For furtl	her information	concerning this matter, please c	all:	ភ្នំ	
)ean Name o	Millips of Person	at (<u>407)</u> 892-3' Area Code & Daytime T		
Enclose	d 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	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Elite One Ma	en T	Tour	- 11	<u> </u>			
(Name of the Limited Liabilit (A Florida	y Company Limited Lia	y as it now ability Con	appears on npany)	our records	<u>s.</u>)		
The Articles of Organization for this Limited Liability C		were filed	on 12	14/10	λ	and as	signed
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lim	ited liabil	ity compa	ny here:				
Toho Marine L	LC						
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limite	ed Liability	Company,"	the designat	ion "LLC'	or the	abbreviation
Enter new principal offices address, if applicable:					Zs	2013	
(Principal office address MUST BE A STREET ADD	RESS)				5-2	\$- 31	anest are
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>					ARY OF STATE	t PH + 29	
B. If amending the registered agent and/or registered agent and/or the new registered office add			ss on our	records, <u>er</u>	iter the	name (of the new
Name of New Registered Agent:	/	- · · · · · · · · · · · · · · · · · · ·					
New Registered Office Address:			Enter F	lorida stree		·	
/		City		, Florid		Zip Cod	e -
New Registered Agent's Signature, if changing Registere	ed 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager MGRM = Managing Member Title **Type of Action** <u>Name</u> <u>Address</u> Add Remove Add Remove Add Remove Add Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	· · · · · · · · · · · · · · · · · · ·	•
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•		-
	1-9- 13	•
Dated	Alkelin	
	Signature of a member or authorized representative of a member Complete Property Property	

Page 3 of 3

Filing Fee: \$25.00

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