113000068892

uestor's Name)	
ress)	
ress)	
/State/Zip/Phone	e #)
☐ WAIT	MAIL
iness Entity Nar	ne)
ument Number)	
Certificates	s of Status
iling Officer:	
	ress) /State/Zip/Phone WAIT iness Entity Nar urment Number)

Office Use Only



500301650185

07/24/17--01035--015 **30.00



K. SALY JUL 2 7 2017

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: ISland Marine Name of Limited Liability Company
Name of Emilied Flability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Fedell Benacia
Name of Person
Island Marine
Firm/Company
8108 NW 100TH Ter
Address
Tamarac, FL 33321 City/State and Zip Code
islandmarine @ live Com E-mail address: (to be used for future annual report notification)
re-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shankea Benacia at (305) 924-9973 Name of Person Area Code Daytime Telephone Number
Name of reison Area Code Dayone rereptione Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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
2017 JUL 24 PM 3:55
FAILAHASSEE, FLORIDA

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 Company were	filed on 05 / 09 / 2013 and assigned
Florida document number <u>L13000068892</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
	1
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ity Zip Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressmany has been notified in writing of this change.	rmance of my duties, and I am familiar with and led for in Chapter 605, F.S. Or, if this document is
If Changing I	Registered Agent, Signature of New Registered Agent

MGR = Ma MBR = Au	anager uthorized Member		
<u> </u>	Name	Address	Type of Action
MGR	Shankea Benacia	8108 NM	DOTH Ter, Tamarac Fl 33321 OFAdd
			□ Remove
			☐ Change
			☐ Remove
			Remove Change
			SSEE B. Charge F. D. Add S.
			☐ Remove
			Change
			∐ Add
			☐ Remove
			□ Add
			☐ Remove

☐ Change

	•			
		1		<u> </u>
		1		1811 34 21 OF STATE O
		j		THE PLANTS
				- F
		ļ		300
				700
				27
		1		(a)
		<u></u>		
		1		
			···	
			-	
		Ì		
		<u> </u>		
ctive date, if other than the date of filing:			(opti	onal)
effective date is listed, the date must be specific and ca	annot be prior to da	te of filing or more	than 90 days after	filing.) Pursuant to 605.0
If the date inserted in this block does not me ment's effective date on the Department of Sta		statutory tilling R	equirements, thi	s date will not be listed
•				
ecord specifies a delayed effective da	te hut not ar	effective tim	e at 12·01 :	n on the earlier
e 90th day after the record is filed.	, Dut 110t ul		o, at Iz.OI (on the come
d,				
· · · · · · · · · · · · · · · · · · ·	·			
		,		
		1		
Signature of a me	mber or authorized	d representative of	a member	

Page 3 of 3

Filing Fee: \$25.00