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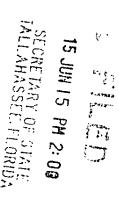
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COVER LETTER

	on * *	* *	•
SUBJECT: Alton	n Maritime	Ventures L	C.
Division of Corporations SUBJECT: Atton Maritime Ventures 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: Ronald E. Lichtman Name of Person Alton Maritime Ventures, LLC Firm/Company P.O. Box 248 Address Deerfield Beach, FL 33443 City/State and Zip Code royalrelre@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ronald E. Lichtman Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c} \$555.00 Filing Fee \(\) \$60.00 Filing Fee, \(\)			
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
Division of Corporations SUBJECT: Atton Maritime Ventures 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: Ronald E. Lichtman Name of Person Alton Maritime Ventures, LLC Firm/Company P.O. Box 248 Address Deerfield Beach, FL 33443 City/State and Zip Code royalrelre@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ronald E. Lichtman Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:			
		Name of Person	
	Alton Maritime Ventures, I	LLC	
	-	Firm/Company	
	P.O. Box 248		
		Address	
	Deerfield Beach, FL 33443		
	·	City/State and Zip Code	
	• •		
	Division of Corporations T: Alton Maritime Ventures LLC. Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. Puturn all correspondence concerning this matter to the following: Ronald E. Lichtman Name of Person Alton Maritime Ventures, LLC Firm/Company P.O. Box 248 Address Deerfield Beach, FL 33443 City/State and Zip Code royalrelre@aol.com E-mail address: (to be used for future annual report notification) per information concerning this matter, please call: E. Lichtman Name of Person Daytime Telephone Number		
For further information con-	cerning this matter, please ca	dl:	
Ronald E. Lichtman			
Name of Po	crson		e Telephone Number
Englosed is a check for the	following amount:		
	-	-	5 040 00 PW P
■ \$25.00 Filing Fee			

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

Alton Maritime Ventures, LLC	
(<u>Name of the Limited Lia</u> (A Flo	iability Company as it now appears on our records.) lorida Limited Liability Company)
ne Articles of Organization for this Limited Liabilit	ity Company were filed on 01/27/2014 and assigned
orida document number L13000106752	
is amendment is submitted to amend the following	ng:
If amending name, enter the new name of the	limited liability company here:
e new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET AD	DDRESS)
nter new mailing address, if applicable:	
lailing address MAY BE A POST OFFICE BOX	<u> </u>
	ragistared office address on our records enter the name of th
	address here:
gistered agent and/or the new registered office a	address here:
gistered agent and/or the new registered office a Name of New Registered Agent:	address here:
gistered agent and/or the new registered office a	address here: SECRETARY SECRETARY SECRETARY
	address here: SECRETAR SSCORETAR SSS

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>	<u>Address</u>	Type of Action
MGR	Martha C. Lichtman	500 S. Ocean Blvd #2306 Boca Rai	Add
			□ Remove
			Change
MGRM	Kevin Brezil	1004 West Pleasant P St John's, PL 3225	lace Add
		St John's, PL 325	Remove
		Change	
			Add
			□ Remove
			Change
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		06/11/20	15		
(If an ef	ive date, if other than the officetive date is listed, the date must. If the date inserted in this blocent's effective date on the Department.	date of filing:	or to date of filing or more than 90 licable statutory filing requires	(optional) 0 days after filing.) Pursuant to 605.6 ments, this date will not be listed	0207 (3 d as th
the re) The	cord specifies a delayed 90th day after the reco	effective date, but r rd is filed.	not an effective time, at	12:01 a.m. on the earlier	er of:
Dated	June 11	2015	·	JUN AHAS	aranan 11
	Kudil &	= Lichte	e	5 P	erderi Lecan
			thorized representative of a mem	1	ž. (

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Filing Fee: \$25.00