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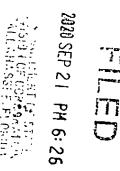
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COVER LETTER

TO:

TO: Registration So Division of Cor			
eur reer	SIMPLICITY M	IARINE GROUP, LLC	
SUBJECT:	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:	
		MARK ALHADEFF	
		Name of Person	
	ТН	E ALHADEFF LAW GROUP	, P.A.
	_	Firm/Company	
	11900 В	ISCAYNE BLVD. SUITE 28	9
	··	Address	
		MIAMI, FL 33181	
	_	City/State and Zip Code	
		mark@alhadefflaw.com	
		to be used for future annual report	t notification)
For further information of	concerning this matter, please co	all:	
MARK	ALHADEFF	786 at ()	618-9703
Name o	of Person	Area Code Da	aytime 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327			
Tallahassee,			onroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LICITY MARINE GROUP, LL			
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)	Was In	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	08/14/2013	and assigned 26	
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the des	signation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe agent and/or the new registered office address her		cords, <u>enter the</u> l	name of the new registere	<u>·d</u>
Name of New Registered Agent:				
New Registered Office Address:	_			
	Enter Florid	la street address		
		, Florida	a	

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

Zip Code

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	HERNANDEZ, HARVEY	14 NE 1st Avenue Penthouse, MIAMI, FL 33132	🗆 Add
			■Remove
			□Change
MGR	KEITH MENIN	14 NE 1st Avenue Penthouse, MIAMI, FL 33132	= Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
		□Change	
			□Remove
			□Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
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(It`an effecti Note: If	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	SEPTEMBER 17 2020
	Signature of a member or authorized representative of a member
	MARK ALHADEFF Typed or printed name of signee

Filing Fee: \$25.00