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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I20100000080

Phone Fax Number

: (954)366-3850 : (954)633-7850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Taxright 7@ yahoo-com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL MARINE GROUP, LLC

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Fax: (954) 633-7850

To:

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COVER LETTER

TO: Registration Solution of Co.			
CHD IEZYP.	ALL MAR	UNE GROUP LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		DANIEL A MADERO	
		Name of Person	
	A	LL MARINE GROUP LLC	.
		Firm/Company	
	20	019 SW 20TH ST STE 229	DEC
		Address	<u> </u>
	FOR	T LAUDERDALE, FL 33315	7
	<u> </u>	City/State and Zip Code	f.
	t	L@MADEROINDUSTRIES.CON	A
	E-muil address:	to be used for future annual report no	tification)
For further information of	concerning this matter, please o	all:	
DANIEL A N	MADERO	561 713-0410 at ()	
Name	of Person	Area Code Daytir	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:		IER ADDRESS:
Regist Divisi	ration Section on of Corporations	Registration Secti Division of Corpo	
P.O. B	lox 6327	Clifton Building	
lallah	assec, FL 32314	2661 Executive C Tallahassee, FL 3	

Fax: (850) 617-8383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALL MARIN	IE GROUP LLC			
	(Name of the Limited Lizhili (A Florida	ty Company as it now Limited Liability Com	appears on our records pany)	2)	
The Articles of Organization Florida document number	-	ompany were filed	on 03/24/2014	and assigne	:d
This amendment is submitte	d to amend the following:				
A. If amending name, ente	er the new name of the lim	ted liability compa	any here:		
The new name must be distinguis	nable and contain the words "Lim	ited Liability Company	," the designation "LLC"	or the abbreviation "L.C."	**************************************
Enter new principal office	address, if applicable:			<u> </u>	1
(Principal office address M	- 	RESS)		0.1	
				<u></u>	
				P#	
Enter new mailing address	, if applicable:				
(Mailing address MAY BE				0	<u> </u>
B. If amending the registered agent and/or the	stered agent and/or regis new registered office add	tered office addro ress here:	ess on our records,	, enter the name of t	the new
Name of New Reg	istered Agent:				
New Registered O	fice Address:	En	ter Florida street address	· · · · · · · · · · · · · · · · · · ·	
	! ! !		Flo	orida	
		City	,	Zip Code	
New Registered Agent's Sign	nture, if changing Registere	d Agent:			
I hereby accept the appoin provisions of all statutes re accept the obligations of n being filed to merely reflec company has been notified	elative to the proper and c iv position as registered as it a change in the registere	omplete performar gent as provided fo ed office address, I	nce of my duties, and or in Chapter 605, I	d I am familiar with ar F.S. Or, if this docume	nd
		If Changing Regists	ered Agent, Signature o	I New Registered Agent	

Fax: (954) 633-7850

o:

Fax: (850) 617-6383

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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

Title	<u>Name</u>	Address	Type of Action
VP 	INGRID M CHAJON	2019 SW 20TH ST SUITE 102	□ Add
		FORT LAUDERDALE, FL 33315	■ Romove
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			□ Add
			Remiove Change SSE
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			□ Add
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			☐ Change
			□ Add
			☐ Remove
			☐ Change
 -			□ Add
			□ Remove
			Change

olia Basso	Fax: (954) 633-7850] То:	Fax: (850) 617-6383	Page 5 of 5 12/15/2018 11:48 AM	А
D. If am	ending any other	information, enter char	nge(s) here: (Attach additional	sheets, if necessary.)	
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-					
(if an ef <u>Note;</u>	fective date is tisted, the If the date inserted	han the date of filing: _: date must be specific and car in this block does not meet on the Department of State	anot be prior to date of filing or more to t the applicable statutory filing rec	(optional) than 90 days after filing.) Pursuant to 60 quirements, this date will not be lis	05.0207 (sted as ti
If the red (b) The	cord specifies a second specifies a	delayed effective date the record is filed.	e, but not an effective time	e, at 12:01 a.m. on the earl	ier of:
Dated	DECEMBER 09	.,3	2916		
			11.7011	.)	
		Signature of 2 men	noor or authorized representative of a	member	
			DANIEL A MADERO		
		Tvi	ped or printed name of signee		

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Filing Fee: \$25.00