## 114000161245

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Red Subr Name of Lim	marine LLC ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mark J	De Biase	
		omarine LLC Firm/Company	
	1525 - A	The Greens Wa	<del>2</del> 4
	Jackson	ville Beach, F City/State and Zip Code	L 32250
	Jeanne JE-mail address: (	Socialding bells of to be used for future annual report notification	outhinet cation)
For further information	concerning this matter, please c	•	
Jeanne S Name	paulding of Person	at ( <u>904</u> ) <u>280-6</u> Area Code Daytime	973 Telephone Number
Enclosed is a check for	the 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)

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

Red Submarine Ll. (Name of the Limited Liability Compan (A Florida Limited Li	y as if now appears on our recor	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company v		2014 and assigned
Florida document number <u>L14000161245</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LL	C" or the abort Hatioh L.L.C.
Enter new principal offices address, if applicable:	N/A	27 6
(Principal office address MUST BE A STREET ADDRESS)		5 to 1
		PH D
		15 32 15 32 15 32
Enter new mailing address, if applicable:	N/A	jan *
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
B. If amending the registered agent and/or registered off	ice address on our record	ls, enter the name of the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	City	Zip Code

## 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>	Name	Address	Type of Action
AMBR	Andrew Maider	3855 Trail Ridge Road	<b>_</b> XAdd
		Middle burg, FL 32068	☐ Remove
			Change
AMBR	Joseph De Blase	1701 San Pablo Rd #303	3 X Add
		Jacksonville, FL 32224	☐ Remove
			☐ Change
			Add
			🗆 Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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		TALL A MASSEE, FLORI	Add  Remove.  Change 71
			_□ Remove
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date, if other than t	ne date of filin	ıg:		(opti	ional)
ve date is listed, the date n	ust be specific an	d cannot be pric	or to date of filing of	or more than 90 days after	r filing.) Pursuant to 605.0207
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d annaiting a dalay	a di affarativa		ah an affactiv	o timo - at 13,01	the appliance
			ot an enectiv	e time, at 12:01	a.m. on the earner of
Minalaa					
1/29/2015		,	<del></del> ·		15 AUS SECKE
	15			·	
	Signature of a	member or autl	horized representa	tive of a member	\$ 5 E
<b>.</b>	_				Ang R
	ve date is listed, the date methe date inserted in this it's effective date on the ord specifies a delayouth day after the reserved in the ord specifies a delayouth day after the reserved in the it's specifies a delayouth day after the reserved in the it's specifies a delayouth day after the reserved in the it's specifies a delayouth day after the it's specifies a day after the it's specifies	ve date is listed, the date must be specific and the date inserted in this block does not also effective date on the Department of all specifies a delayed effective of the day after the record is filed.  7/29/2015	ve date is listed, the date must be specific and cannot be prictive date inserted in this block does not meet the applic's effective date on the Department of State's recorded specifies a delayed effective date, but not be day after the record is filed.  7/29/2015	the date inserted in this block does not meet the applicable statutory first effective date on the Department of State's records.  In dispectifies a delayed effective date, but not an effective Dth day after the record is filed.	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.  It is effective date on the Department of State's records.  It is effective time, at 12:01 and the day after the record is filed.  It is effective time, at 12:01 and the day after the record is filed.

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Filing Fee: \$25.00