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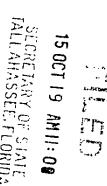
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OCT 20 2015 J SHIVERS

COVER LETTER

TO: R	egistration Sec ivision of Corp	ction porations		
CUDIECT	Pyxis Marin	ne LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	ndence concerning this matter	to the following:	
		Mary Brown		
			Name of Person	
		Pyxis Marine LLC		
			Firm/Company	
		2436 Addington Circle		
			Address	
		Rockledge, FL 32955		
			City/State and Zip Code	
		mbrown225@gmail.com		
		E-mail address: (to be used for future annual report	notification)
For further	information co	oncerning this matter, please co	all:	
Mary Bro	wn		321 544-1894 at ()	ţ
	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed i	s a check for th	e 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

Pyxis Marine LLC		
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on October 30, 2014	and assigned
Florida document number L14000170443	·	
This amendment is submitted to amend the following	;	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the ab	breviation "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:	Mark Control of the C	
Mailing address MAY BE A POST OFFICE BOX)	r	
	-	
B. If amending the registered agent and/or re	gistered office address on our records, enter	 ¥he∷name of the no
registered agent and/or the new registered office a	· —	-C 5
		AR 8 7:
Name of New Registered Agent:		
Name of New Registered Agent.	r	77
New Registered Office Address:		9 1 [7]
	Enter Florida street address	
	Florida , Florida	
	City	Zin 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>	<u>Name</u>	Address	Type of Action
AMBR	Tom Butler	6430 ABISCO ROAD COCOA, FI	
			■ Remove
			Change
AMBR	Tinell Butler	6430 ABISCO ROAD COCOA, FI	
		<u>.,, ., ., ., ., ., ., ., ., ., ., ., ., </u>	■ Remove
			Change
			□ Remove
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ective date, if other than the date of filing: $\frac{10/16/20}{10}$	015		(optic	man Than	00	
n effective date is listed, the date must be specific and cannot be prefer. If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	olicable stati		han 90 days after	filing.) Pur		
record specifies a delayed effective date, but he 90th day after the record is filed.	not an ef	ective time	e, at 12:01 a	.m. on t	:he ea	rlier c
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Signature of a member of a	uthorized rep	resemanve of a	member			

Page 3 of 3

Filing Fee: \$25.00