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COVER LETTER

Division of Corporations
SUBJECT: Pubbelly Cruise 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:
Airam Garcia
Name of Person
Firm/Company
1410 20th St Ste 211
\ \frac{1 - \frac{1}{2} - \fra
Miami Beach Fl 33139 City/State and Zip Code Airan Epubbelly. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Hiram Epusbelly.com
For further information concerning this matter, please call:
Hiram Garcia at (305) 538-9035 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

Pubbelly (Name of the Limited Liabil	YUSC LLC ity Company as it now appears on	our records)			
(A Florid	a Limited Liability Company)	1 de l'estati			
The Articles of Organization for this Limited Liability Co. Florida document number <u>L15 00000 785</u>		12 2015	an	d assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
		••			
The new name must be distinguishable and end with the words "Li	mited Liability Company," the design	gnation "LLC" or the	abbreviat	ion "L.I	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)		7_		
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Enter new mailing address, if applicable:			SSI NE	30	And the same is
(Mailing address MAY BE A POST OFFICE BOX)			m _S		1-1-1-1
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	Arra Markettera are		<u> </u>	9.7	1
B. If amending the registered agent and/or regis		ır records, <u>enter</u>			f the ne
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida s	street address			
		, Florida			
	City		Zip C	20de	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Type of Action Name Address Schreiner Corp 1410 20th St ___ Add Miami Beach, Fl 33/39 Remove 1410 20th St MGR Mendin Corp Tiami Beach, Fl 33139 Remove MGR Navarro Corp. AMBR Airam Garcin Tiami Beach, Fl 33139 ☐ Remove 1400 Schreiner Miami Beach, Fl 33139 □ Remove 1410 Mendin Miami Brack, F1 33/39

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Name</u>		Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00