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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALT MARINE SERVICES 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:

CESAR RAVAN, CPA

Name of Person

RAVAN AND COMPANY CPA'S

Firm/Company

444 BRICKELL AVENUE SUITE 428

Address

MIAMI FL 33131

City/State and Zip Code

CESAR@RAVANANDCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR RAVAN, CPA

786 210-4504
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

SALT MARINE SERVICES LLC

FILED
OCT 11 1961
U.S. DISTRICT COURT
SOUTHERD DISTRICT
FLORIDA
JACKSONVILLE

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|----------------------|--|
| AMBR | LEONARDO R MONTBRUN | 10510 NW 74TH STREET | <input type="checkbox"/> Add |
| | | UNIT 104 | <input checked="" type="checkbox"/> Remove |
| | | DORAL, FL 33178 | <input type="checkbox"/> Change |
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

October 7 2017

Leonardo Fontaine
Signature of a member or author

Signature of a member or authorized representative of a member

LEONARDO R. MONTBRUN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA