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SEGNELARY OF STATE
FALLAHASSEE, FLORID

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S. WARREN 0CT 1 3 2017

COVER LETTER

TO: Registration Se Division of Cor			
SALT MAI	RINE SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CESAR RAVAN, CPA		
		Name of Person	
	RAVAN AND COMPAN	Y CPA'S	
		Firm/Company	·····
	444 BRICKELL AVENU	E SUITE 428	
		Address	
	MIAMI FL 33131		
		City/State and Zip Code	
	CESAR@RAVANANDCC E-mail address: (D.COM to be used for future annual rep	kut notification)
For further information c	oncerning this matter, please c		
CESAR RAVAN, CPA		786 210-4	1504
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclos	□ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS:	Registration	COURTER ADDRESS: 1 Section Corrogations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2664 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALT MARINE SERVICES LLC			
(Name of the Lim	ted Liability Comp (A Fiorida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L15000075993</u>	iability Compan	y were filed on 04/23/2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
he new name must be distinguishable and comain the	words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)	·····	·
3. If amending the registered agent and registered agent and/or the new registered of			nter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		Floric	la
		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 Registred 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>	<u>Address</u>	Type of Action			
AMBR	LEONARDO R MONTBRUN	10510 NW 74TH STREET				
		UNIT 104	■ Remove			
		DORAL, FL 33178	□ Change			
			Add			
			□ Remove			
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g If men ecor e 9	the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records. In specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed. Delobert + 201+	: will not h	

Filing Fee: \$25.00