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## **COVER LETTER**

NAUTICO	1512 I I C		
JECT:		ited Liability Company	
		, , ,	
enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	NATHANIEL KORN		
	-	Name of Person	<del></del>
	IMAIM CAPITAL LLC		
		Firm/Company	
	655 W FLAGLER ST, SU	ITE 203	
		Address	······································
	MIAMI, FL 33130		
		City/State and Zip Code	
	NKORN@IMAIMCAPITA E-mail address: (1	AL.COM to be used for future annual report notif	ication)
further information c	oncerning this matter, please ca	all:	
THANIEL KORN		786 383-7741	
Name o	f Person		Telephone Number
losed is a check for the	ne 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 of 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

NAUTICO 512 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/22/2015 \_\_\_\_\_ and assigned Florida document number \_L15000125701 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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 address

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MICHAEL BROSGART	PO BOX 415068	🗖 Add
		MIAMI, FL 33141	■ Remove
			☐ Change
MGR	IMAIM CAPITAL LLC	655 W FLAGLER STREET 203	Add
		MIAMI, FL 33130	□ Remove
			☐ Change
<del></del>			Add
			Remove
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<u>e:</u> If	date inserted in this block does not meet the applicable statutory filing requiremen			
umen	effective date on the Department of State's records.	<b>&gt;</b>		
reco he 9	specifies a delayed effective date, but not an effective time, at 12 h day after the record is filed.	2:01 a.m. on t	he eai	rlier
ed O	OBER 21 /2015			

Page 3 of 3

Filing Fee: \$25.00