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| (Requestor's Name) |
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| (Address) |
| · (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Agua Azul Maritime 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: |
| Ebenezer Collado Name of Person |
| Agua Azul Martine LLC Firm/Company |
| 8276 woodland center blud |
| City/State and Zip Code C. COlloco Ø16 Gmail. Com E-mail address: (to be used for future admual report notification) |
| For further information concerning this matter, please call: |
| Foenezer Collodo at (813) 454 - 1990 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & 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



Agua Azul Maritime LLc

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (Name of the Limit) | A Florida Limited Liability Company) | 1. LORIN, |
|---|---|----------------------|
| The Articles of Organization for this Limited Li | ability Company were filed on 09/17/2015 | and assigned |
| | | |
| This amendment is submitted to amend the follo | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| Caribbean Ma | RITIME Group LLC ords "Limited Liability Company," the designation "LLC" or the abb | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if application | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE I | <u></u> | |
| | | |
| D 16 15 4b 14 1 | · | the name of the next |
| B. If amending the registered agent and/ registered agent and/or the new registered of | or registered office address on our records, <u>enter</u> fice address here: | ine haine of the new |
| | | • |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | . Florida | |
| | 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 Registered Agent

| If amendi | ng Authorized Person(s) authoriz <u>d from our records</u> : | zed to manage, enter the | title, name, and address of each person being added |
|--------------|---|--------------------------|---|
| MGR = | | | 20/6 MAR 28 PK 12: 4 / Type of Action |
| <u>Title</u> | <u>Name</u> | Address | TALLAHASSEE FI ONLY Add |
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| ffective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable stanent's effective date on the Department of State's records. | tutory filing requirements, this date will not be list |
| ecord specifies a delayed effective date, but not an e e 90th day after the record is filed. | ffective time, at 12:01 a.m. on the earli |
| March 18 th , 2016. | |
| | |
| Signature of a member or authorized re | **** |

Page 3 of 3

Filing Fee: \$25.00