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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section **Division of Corporations** Marine 360, LLC SUBJECT: 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: Pamela A. Butler Name of Person Marine 360, LLC Firm/Company 2327 Dewey Street Address Hollywood FL 33020 City/State and Zip Code pam@boatcaddyusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pamela Butler Name of Person Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Marine 360, LLC | | | |
|---|--|---|------------------------------------|
| (<u>Name of the Limited Lial</u> (A Flor | bility Compa rida Limited I | ny as it now appears on our r Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability | / Company | were filed on | and assigned |
| Florida document number L15000187957 | | | |
| This amendment is submitted to amend the following: | ; | | |
| A. If amending name, enter the new name of the li | imited liabi | ility company here: | |
| The new name must be distinguishable and contain the words "L | imited Liahil | ity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2327 Dewey Street | معس راس |
| (Principal office address MUST BE A STREET AD | DRESS) | Hollywood FL 33020 | <u> </u> |
| | | | 空間 复 刊 |
| Enter new mailing address, if applicable: | | 2327 Dewey Street | LED SSEET, |
| (Mailing address MAY BE A POST OFFICE BOX) | | Hollywood FL 33020 | 52 5 |
| | | | 台南 宏 |
| B. If amending the registered agent and/or registered agent and/or the new registered office ac | | | cords, enter the name of the ne |
| Name of New Registered Agent: Pan | ncla A. Butl | er | |
| New Registered Office Address: 232 | New Registered Office Address: 2327 Dewey Street | | |
| | | Enter Florida street a | nddress |
| Hol | llywood | | _, Florida <u>33020</u> |
| | | 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.

In Changing Registered Agent, Signature of New Registered 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 | | |
|------------------------|-------------------|----------------------|----------------------|--|--|
| MGR Caddy Manager, LLC | | 1915 Harrison Street | □ Add | | |
| | | Hollywood FL 33020 | ■ Remove ✓ | | |
| | | | Change | | |
| MGR | Pamela A. Butler | 2327 Dewey Street | | | |
| | | Hollywood FL 33020 | □ Remove | | |
| | | | | | |
| MGR | Michael W. Carter | 2327 Dewey Street | | | |
| | | Hollywood FL 33020 | ASS Remove | | |
| | | | Change— Change Add | | |
| | | | Remove | | |
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| nativa data if at | her than the date of f | ilina. | | (option | 344 | |
| te: If the date is list | ted, the date must be specific erted in this block does n date on the Department | c and cannot be prior to not meet the applicab | date of filing or more | than 90 days after fil | ing.) Pursuant to 605. | 0201 d as |
| record specific he 90th day a | es a delayed effectiv fter the record is file | /e date, but not e | an effective tim | ne, at 12:01 a.r | n. on the earlie | r o |
| ed | <u>.</u> | , | | | | |
| | | | = | | | |
| | Signature (| of a member or authori | zed representative of | a member | | |
| | | | | | | |
| | | Typed or printed | name of signee | | | |

Page 3 of 3

Filing Fee: \$25.00