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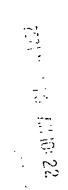
(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	shing Charters 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:	
	Carson N Andrew		
		Name of Person	
	Florida Marine Holdings, I	LLC	
		Firm/Company	
	1510 Penman Rd. Ste 500		
		Address	
	Jacksonville Beach, FL 32	250	
		City/State and Zip Code	
	captainnick-mti@comeast.r	net to be used for future annual report noti	Plante Can
For further information c	oncerning this matter, please c		nearmy
Carson N Andrew		904 683-1985	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it new appared and	use environds \	
imited Liability Company)	our recorus.)	
mpany were filed on April 15	. 2016 and assigned	
d liability company here:		
d Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."	
NA		
'SS)		
office address on our record	ds, enter the name of the new regis	
	223	
Enter Florida street address		
, Florida		
City	Zip Code	
Agent:		
	ed liability company here: Id Liability Company," the designation of the state of	

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 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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change

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

Filing Fee: \$25.00