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SECRETARY OF STATE
SECRETARY OF STATE

D. **SCOTT NOV** 8 2016

### **COVER LETTER**

	ration Section n of Corporations	•					
SUBJECT:	Kraken	Marin	u So Witons	LLC			
		Name of L	imited Liability Company				
The enclosed Ar	ticles of Amendment a	nd fee(s) are s	submitted for filing.				
Please return all	correspondence conce	rning this matt	ter to the following:				,
		Nichola	u Watkins				
		_	Name of Person				
	<i>K</i>	raken N	1 arine Solutions Firm/Company	LLC			
			Firm/Company				
	<del></del>	3500	45 <sup>th</sup> St. S. Address	uite 1	4		
			Address				
	West	Palm	Beach FL, City/State and Zip Code	3340	7	=100 <b>#</b>	
						ALL. N	
		E-mail address	latkins 0330@ 9 s: (to be used for future annual	report notification	on)	ALL O	=
For further infor	mation concerning this	matter, please	call:			NOV -7 PH 1: 36 ALLAHASSEE, FLORIDA	ED
Nic	hols Wat	Gins	at ( <u>954</u> ) Area Code	551 -	9461		
	Name of Person		Area Code	Daytime Tele	phone Number	- Pr. 8	
Enclosed is a che	eck for the following a	mount:					
\$25.00 Filing	g Fee 🔲 \$30.00 I	iling Fee & cate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		Certified (	e of Status &	

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

Kraken M	arine Solutions, LLC
	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number	<u>.                                    </u>
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the Spearch and The new name must be distinguishable and contain the words	e limited liability company here:    Company here:   Company h
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the mome of the new e address here:
Name of New Registered Agent:	SSET -7 E
New Registered Office Address:	Enter Florida street address  Enter Society 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	, Florida

#### 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		_	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		_	
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fective	date, if other than the date of filing: (optional)  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
cumen	Seffective date on the Department of State Steedas.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Specifier
	Oth day after the record is filed.
ated	November 1, 2016  November 1, 2016  Ain, A Wat
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Filing Fee: \$25.00