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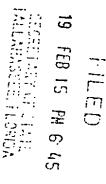
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## **COVER LETTER**

TO:	Registration Section Division of Corpora		<b>.</b>		
SUBJ	ECT: WILD	Name of Limi	SERVICES, LL ited Liability Company	<u>C</u>	
The er	nclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.		
Please	return all corresponde	nce concerning this matter	to the following:		
	_	LE	Name of Person		_
	-	WILDBU	E MARZINE SE	RUIGES LLC	<u>.</u>
			Firm/Company		
		8412 4	AUTELON PL	4CE	_
			Address		
		TAMPA	FLORIDA 35 City/State and Zip Code	3637	_
		LEONEWAT	to be used for future annual n	(פחז	
		E-mail address: (I	io de used formiture annual ri	eport notification)	
For fu	rther information conce	erning this matter, please ca	all:		
	LEON WA		at ( <u>813</u> )	817-6669	
	Name of Per	son	Area Code	Daytime Telephone Numbe	T
Enclos	sed is a check for the fo	llowing amount:			
<u>re 52</u>	25.00 Filing Fee C	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific osed) Certified	ate 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

WILDBLUE MARINE SE	izuices, llc
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{05/13/2016}{2016}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b>5</b>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	D PR D
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	Florida
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
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n effective date is listed te: If the date insert		c and cannot be prior to date on not meet the applicable sta	f filing or more than 90 days	optional) after filing.) Pursuant to 605.020 s, this date will not be listed a
record specifies he 90th day aft	a delayed effectiver the record is file	ve date, but not an e ed.	ffective time, at 12:	01 a.m. on the earlier o
ned APRIL	13	<u> 2019</u>		
-	Signature	of a member or authorized re	presentative of a member	

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Filing Fee: \$25.00