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SECRETARY OF STATE

S WarrenJUL 2 0 2016

COVER LETTER

SUBJECT:	M&M MAR	INE SURFACES				
Name of Limited Liability Company						
The enclosed	l Articles of A	mendment and fee(s) are subn	mitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		MICHAEL FRANK				
		. , ,	Name of Person			
		M&M MARINE SURFACI	ES, LLC			
			Firm/Company			
	6278 N. FEDERAL HIGHWAY, SUIT 616					
			Address			
		FORT LAUDERDALE FL	. 33308			
		, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code			
		mikef@mmmarinesurfaces.c	com			
		E-mail address: (to	o be used for future annual report notific	eation)		
For further ir	nformation co	ncerning this matter, please ca	11:			
Michael Frai	nk		954 629-8114			
	Name of	Person	at () Area Code Daytime `	Telephone Number		
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling 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 ADDRESS:

TO:

Registration Section
Division of Corporations

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

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on M	AY 17, 2016 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the o	designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	9 SW 13th Stre	et		
(Principal office address MUST BE A STRE		Fort Lauderdale FL 33315			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6278 N. Federal Highway, Suite 616, Fort Lauderdale FL 33308			
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her				
Name of New Registered Agent:	Tom rindrews,		5		
New Registered Office Address:	9 SW 13th Street				
	Enter Florid		rida street address		
	Fort Lauderdale	· · · · · · · · · · · · · · · · · · ·	Florida 33315		
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Code		
I hereby accept the appointment as register provisions of all statutes relative to the pro	ed agent and agr	ee to act in this			

See attached

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

NE SH

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>	Name	Address	Type of Action
AMBR	WYEEMA, LLC	9 SW 13th Street	Add
		For Lauderdale FL 33315	□ Remove
			■ Change
			□ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
		***************************************	□ Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			Add
			☐ Remove
			☐ Change
			Remove
			ASSET P Change
			S ST Add
		•	Remove
			Change

						
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ective date, if other	then the date of	filing		(4	optional)	
n effective date is listed, t	he date must be specifi	ic and cannot be prior		ore than 90 days	after filing.) Pu	
te: If the date inserted cument's effective date				g requirements	, this date will	not be listed
	•					
record specifies a	delayed effecti	ve date, but no	ot an effective t	ime, at 12:0	01 a.m. on	the earlier
he 90th day after				-	,	
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ted		2016	·		建潜 👍	1

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: M&M Marine S	Surfa	ces		· · · · · · · · · · · · · · · · · · ·	
2. (a)	6278 N.Federal Highway, Suite 616		(b) 6278 N. Federal Highway, Suite 616			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale FL 33308	_	Fo	ort Laud	derdale FL 33308	
	05/17/2016		 L 1	600009	96141	
3.	Date of filing/registration in Florida	4.		,,	Document number	
5. (a)	Mark Luciani					
J. (a)	Registered Agent and Registered Office shown on the records of the	he Flo	rida Dep	t. of State	:	
	CS - Consulting Solutions					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	ESS)			
	3000 N. Federal Highway, Suite 1				100 mg	
	Fort Lauderdale , FL	3330)6		77 77 77 77 77 77 77 77 77 77 77 77 77	
(b)	Tom Andrews	•			TARY O	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address	j:		
	Avmar Consulting				D STATE STORIDA	
	NEW Registered Office Address:					
	9 SW 13th Street					
	Fort Lauderdale , FL	3331	15			
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reality f the limite	egistere compa limited d liabi	ed office any, it is liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.	
Signa	nure of a member or authorized representative of a member	_			Printed or typed name of signee	
I here provis the ob to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to perfo i for i iereby	act in i rmance n Chap v confi	this capa e of my a pter 605 rm that i	ncity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Signati	re of Registered Agent					