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COVER LETTER

TO: Registration Section Division of Corporations

MIAMI SUBMARINE TOURS, 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:

THERESA BENNETT

Name of Person

LAW OFFICE OF THERESA BENNETT

Firm/Company

500 SE 17TH STREET, SUITE 323

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

TB@THEBOATLAWYER.COM

E-mail address: (to be used for future annual report notification)

954

For further information concerning this matter, please call:

THERESA BENNETT

Name of Person

at (_____) ___ Area Code

463-4007

Daytime Telephone Number

Enclosed is a check for the 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 radditional copy is enclosed)

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

Registration Section Division el Corporations Clifton Building 2661 Executive Center Circle Tallahassea, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI SUBMARINE TOURS, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $_4700001530$	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	<u>PRESS)</u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	istered office address on our records, enter the name of the ne dress here:
Name of New Registered Agent:	,,,,,,,,,
New Registered Office Address:	
	Emer Florida street address
	, 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. Thereby 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Marko Knezevic	1800 North Bayshore Drive #2207	🔄 📕 Add		
		Miami, FL 33132	🗆 Remove		
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective c	late, if other than the date is listed, the date	the date of filing	unnot be prior l	o date of filing	or more than 90 d	(optional)	Pursuant to 605 (()21)773 ¥ 5
<u>Note:</u> If th	e date inserted in this	s block does not m	et the applica	ble statutory	tiling requireme	nts, this date v	vill not be liste	d as the
document's	s effective date on the	2 Department of St	ate's records.					
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Filing Fee: \$25.00