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Division of Corporations

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Account Number: 110432003053 : (561)694-8107 Phone

: (561)694-1639 Pax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE PARROT OFFSHORE CRUISE DIVISION L.L.C

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July 1, 2019

FLORIDA DEPARTMENT OF STATE

BLUE PARROT OFFSHORE CRUISE DIVISION L.L.C. 888 BISCAYNE BLVD. STE. 505 MIAMI, FL 33132

SUBJECT: BLUE PARROT OFFSHORE CRUISE DIVISION L.L.C.

REF: L17000060606

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name unavailable, conflict document number is P04000142877.

Please return your document, along with a copy of this letter, within days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II FAX Aud. #: H19000201300 Letter Number: 519A00013234

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE PARROT OFFSHORE CRUISE DIVISION L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Educate Elaborary Company)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{0000}{10000000000000000000000000000000$	3/16/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>tere</u> :	
Marine Engineering and Services 73 LLC		
The new name omst be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbrevi	lation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	u our records, enter the	name of the new
Name of New Registered Agent:		8
New Registered Office Address:	्री <i>द्रव</i> ११	T
Enter Flo	rida street address	
City	, Florida 즐캠	tp Code
City	2	ψ Coue

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:

MGR - Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		<u> </u>	☐ Remove
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Page 3 of 3

Typed or printed name of signee

Flling Fee: \$25.00