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SECRETARY OF STATE

S Warren MAY 1 0 2017

COVER LETTER

TO: Registration Section Division of Corporations	*
SUBJECT: Machete Marine, Name of Limited Liability Comp	L L C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	•
Please return all correspondence concerning this matter to the following:	
Christopher S	Stewart
Machete Ma Firm/Comp	cine
5842 Chicory	Drive
City/State and Z From Chriss+ewar E-mail address: (to be used for future	ip Code - O Yaho O: Com e annual report notification)
For further information concerning this matter, please call:	
Christopher Stewart at (32) Name of Person Area Co	Daytime Telephone Number
Enclosed is a check for the following amount:	
S \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Certificate of Status ☐ \$55.00 Filing Certified	
Registration Section R Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314 2	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Machete Mar	ine, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>し 17 ゆゆのり 9 35</u> 98	were filed on $\frac{4/26/2017}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1419 Chaffee Drive		
(Principal office address MUST BE A STREET ADDRESS)	Suite 3 Titusville, FL 32780		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on our records, <u>enter the name of the new</u>		
,	Enter Florida street address		
	, Florida		
N. D. Carlotte Barbarata	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 procept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Org if this document is		
ii Chang	ging Registered Agent, Signature of New Registered Cem		

Page 1 of 3

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 **Address Type of Action** <u>Title</u> <u>Name</u> ☐ Add □ Remove _□ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove ☐ Change _ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

								
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ective	date, if other the	han the date of e date must be speci	filing:	ot be prior to date	of filing or more	optic	onal) filing) Pursuant t	ი 605.0203
	he date inserted i	in this block does on the Departmen	not meet t	he applicable s	tatutory filing re	quirements, this	s date will not be	e listed as
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Filing Fee: \$25.00