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AUG 1 6 2018 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		·		
SUBJECT: BU	SCh Marine Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Dlivia	JOU GVAU Name of Person		
	Busch	Marine, LLC	<u></u>	
	420 16th (COURT GUIF	18 AUG	<u></u>
	Marathor	City/State and Zip Code	O 55 13 12 13 13 13 13 13 13 13 13 13 13 13 13 13	FILED
	PUSCHWUY E-mail address: (to be used for future annual report hou	Mail, Confication)	
For further information c	oncerning this matter, please co	all:		
Kav L L.	Rusch of Person	at (<u>252</u>) 5UH Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he 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 (additional copy is enclosed)	

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

Pusch Marine (Name of the Limited Liability Compar	ny as it now appears on our records	<u>)</u>
(A Florida Limited I.	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number LISOOODDHO	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		
		E S T
		13 E
Pater and mailing address if applicables		
Enter new mailing address, if applicable:		C - C
(Mailing address MAY BE A POST OFFICE BOX)	,	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Fla	orida
	City	Zip Code
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
AMBR	Olivia Jaray	420 16th Court Gulf Marathon, Fl 33050	D Add
	J	Marathon, Fl 33050	☐ Remove
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Effective date, if other than to (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and block does not in	l cannot be prior to d neet the applicable	ate of filing or more the statutory filing rec	option (option of the contract	filing.) Pu	rsuant to	o 605.0207 e listed as
the record specifies a delay) The 90th day after the r	ecord is filed.				.m. on	the e	arlier of
Dated AUGUST	_10	2018					
	Signature of a r	member or authorize	us Bu d representative of a	member			_
	Karl	Totals	Burch ame of signee	_			_

Page 3 of 3

Filing Fee: \$25.00