L18000064719

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMarine LLC
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:

Whitney Hokstad
Name of Person

IMarine LLC
Firm/Company

3130 W Pembroke Road #342
Address

Hallandale, Florida 33009
City/State and Zip Code

imarinedistributors@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Whitney Hokstad at (954) 681-1634
Name of Person — Area Code — 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 (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2018

WHITNEY HOKSTAD
3130 W PEMBROKE RD #342
HALLANDALE, FL 33009

SUBJECT: IMARINE LLC
Ref. Number: L18000084719

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2018 MAY 07 P 2:51

We have received your document for IMARINE LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 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

Letter Number: 718A00008368

RECEIVED
2018 MAY -7 PM 12:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IMarine LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/3/2018 and assigned Florida document number L18000084719.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IMarine Distributors LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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2018 MAY -1 P 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Whitney Hokstad

New Registered Office Address: 4787 SW 23rd Ter
Enter Florida street address

Dania Beach, **Florida** 33312
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.

Whitney Hokstad

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

Title	Name	Address	Type of Action
AMBR	Megan Hokstad	1500 SW 64th Way	☒ Add
		Boca Raton, FL 33428	☐ Remove
			☐ Change
AMBR	Israel Cuadro Rios	4787 SW 23rd Ter	☒ Add
		Dania Beach, FL 33312	☐ Remove
			☐ Change
AMBR	Whitney Hokstad	11900 NW 13th Ct	☒ Add
		Pembroke Pines, FL 33026	☐ Remove
			☐ Change
AMBR	Ramey Draves	1500 SW 64th Way	☒ Add
		Boca Raton, FL 33428	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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2016 FEB -1 PM 2:37

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.

Whitney H.

Signature of a member or authorized representative of a member

Whitney L. Horstad

Typed or printed name of signee

Filing Fee: $25.00