118000085761

(Ke	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

	Registration Se Division of Cor			
SUBJECT	AARIT, LL			
SUBJECT	ľ:		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Peter Hubbard		
			Name of Person	
		AARIT, LLC		
			Firm/Company	
		14497 N Dale Mabry Hwy	, Ste 209N	
			Address	
		Tampa, FL 33618		
		seafarerexploration@yahoo	City/State and Zip Code .com	
		E-mail address: (to be used for future annual report notif	ication)
For further	r information co	oncerning this matter, please ca	all:	
Peter Hub	bard		813 448-3577 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	e 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

AARTI, LLC		
(<u>Name</u> of the <u>Limited Liabi</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on 04/04/2018	and assigned
Florida document number L18000085761		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		. 6
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	10 . 1
		-
		. 27
Enter new mailing address, if applicable:	_	7
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regis	tered office address on our records,	enter the name of the n
egistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

AABTLILC

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR'= Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Credo Argentarius, LLC	3618 Olde Lanark Drive Lando O' Lakes, FL 34638	
		·	■ Remove
			□ Change
MGR	Kyle Kennedy	14497 N Dale Mabry Hwy Ste209N	■ Add
		Tampa, FL 33618	
			□ Remove
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ective date, if other than the effective date is listed, the date must	be specific and cannot be prior to date of filing	(optional) or more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the De		filing requirements, this date will not be listed
record specifies a delayed ne 90th day after the reco		ve time, at 12:01 a.m. on the earlier
October 17th	2018	
Xdinda Kenj	Signature of a member or authorized representa	ative of a member

Page 3 of 3

Filing Fee: \$25.00