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T. CLINE AUG - 8 みのじ EXAMINER

COVER LETTER

TO: Registration S Division of Co			
REEFSM SUBJECT:	ART USA		
SOBJECT:	Name of Lir	nited Liability Company	
	f Amendment and fee(s) are sul		
Please return all corresp	ondence concerning this matter	to the following:	
	Peter McDougall		
		Name of Person	<u></u>
	Reef Smart		
		Firm/Company	· . 00
	574 Pine Ranch East R	d	
		Address	
	Osprey, FL 34229		
		City/State and Zip Code	a
	peter.mcdougall@reef-sr		<u></u>
		to be used for future annual report notif	lication)
For further information of	concerning this matter, please e	all:	
Bonnie Calvert/Bowm	an, George, Scheb, et al	941 366-5510	
Name o	of Person		: Telephone Number
Englosed is a check for t	he following amount:		
S25.00 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REEFSMART USA LIMITED LIABILITY COMPANY

company has been notified in writing of this change.

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

(A Florida Limited Lin	sbility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on July 16, 2018	and assigned $\overset{\longrightarrow}{\infty}$
Florida document number 300315930613		-
		· [
This amendment is submitted to amend the following:		. , r-v
		. 1.
A. If amending name, enter the new name of the limited liabil	ty company here:	<u> </u>
REEF SMART USA LIMITED LIABILITY COMPANY		့ ထွ
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	
		F F
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		
Trincipus office musicas most be A STREET ADDICESS!		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our records,	enter the name of the nev
registered agent and/or the new registered office address here:		
·		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	£1	4.4
	City	ida
	C ,	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	to got in this appropriate I forms	han aquan ta aquanh, weith the
r nereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		
provisions of all statutes retainve to the proper and complete p accept the obligations of my position as registered agent as pr		
being filed to merely reflect a change in the registered office a	uaress, i nereoy conji rm ina t	ине итнеа нарниу

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 = N AMBR = A	danager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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