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Tallahassee, FL 32314

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	on Section f Corporations				
	Wreckless Marine, LL	С			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Artic	es of Amendment and	fee(s) are sub	mitted for filing.		
Please return all co	rrespondence concernin	g this matter	to the following:		
	Kurt Zimmer	man			
			Name of Person		
	Zimmerman	& Associates			<u> </u>
			Firm/Company		
	2400 E. Com	mercial Boul	evard. Suite 820		
			Address		
	Fort Lauderd	ale, FL 33308			,
	kurt@zimmer	manlaw.com	City/State and Zip Code		
			to be used for future annual	report notific	ation)
For further informa	tion concerning this ma	tter, please ca	all:		
Kurt Zimmerman				02-7440	
Name of Person		at () Area Code	a Code Daytime Telephone Number		
Contract in a structure	Constant Call and an and a				
 \$25.00 Filing F 	for the following amou ee 🛛 \$30.00 Filin Certificate	ng Fee &	\$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
R	IAILING ADDRESS: egistration Section vivision of Corporations		Registra	T/COURIE. aion Section	R ADDRESS:
P	.O. Box 6327 allahassee, FL 32314		Clifton I		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wreckless Marine, LLC			SECONT T
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears Liability Company)	<u>on our records,</u>)	2
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000207240</u> This amendment is submitted to amend the following:		08/29/2018	Sind assered D
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company her</u>	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the de	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2512 Laguna Dri	ive	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale,	FL 33316	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2512 Laguna Dri Fort Lauderdale.		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, <u>en</u> t	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
	 City	Florida	ZipCode

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. Thereby 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</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			C Remove
			Change
			O Add
			Remove
			🖸 Change
			🖸 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	October 22	2018	<i>र</i> चारा	2018	
	K.3	au		8 OCT	T
	Sij	gnature of a member or authorized representative of a member	TH N	[−] 23	
	RUNT ZIMM	ERMAN, ATTOMNEY FOR SOLE MEMBER.	SE .	PH	T
		Typed or printed name of signee			\cup
				38	

Page 3 of 3

Filing Fee: \$25.00