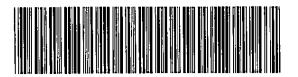
118000 246621

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400323909204

02/04/19 -01012--007 **25.00

S TALLENT FEB 1 4 2019 19 FEB -4 PH 3: 15

Mondo

COVER LETTER

	vision of Corp					
SUBJECT:		FISH TALE MARINE GROUP, LLC				
SOMECT.		Name of Lim	ited Liability Company			
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		MARK F. BOOTH				
			Name of Person			
ROGERS. MORRIS & ZIEGLER LLP						
	Firm/Company					
		-	Address			
		1401 E. BROWARD, BLVD. STE 300. FORT LAUDERDALE. FL 33301				
		MFBOOTH@RMZLAW.C		<u> </u>		
		E-mail address: (t	o be used for future annual report not	iffication)		
For further i	nformation co	oncerning this matter, please ca	dl:			
MARK F. F	воотн		954 462-1431			
	Name of	Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is :	a check for th	e following amount:				
■ \$25.00 F	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

FISH TALE MARINE GROUP, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000246621	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BEACON MARINE, LLC		√
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3325 Peidmont Road	191
(Principal office address MUST BE A STREET ADDRESS)	Unit 2803	- 8 7
	Atlanta, GA 30305	
Enter new mailing address, if applicable:	3325 Peidmont Road	P.K. 3;
(Mailing address MAY BE A POST OFFICE BOX)	Unit 2803	
	Atlanta, GA 30305	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Atlanta, GA 30305	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Cuy	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
	·		Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
		<u> </u>	□ Change
			□ Add
			☐ Remove
			☐ Change
			Add
		 -	Remove
			Change

					<u> </u>	
				<u></u>		
				<u> </u>		
		-	 _			
					_	
			_	<u> </u>		
			·		<u>_</u>	
			<u> </u>			
	·					
						
			<u></u>	 -	*+	
						
						
		-	_			
	 -					
				<u>-</u>		
				· · · · · · · · · · · · · · · · · · ·		
ective date, if other than the d effective date is listed, the date must te: If the date inserted in this bloo	ate of filing:			(0	ptional)	
te: If the date inserted in this blocument's effective date on the Der	ek does not meet (iot be prior to d the applicable	ate of filing or mo	ore than 90 days a	fler filing.) Pursu	ant to 605,020
ument's effective date on the Dep	artment of State	s records.	statutory riting	requirements,	this date will n	ot be listed a:
record specifies a delayed a	effective date	hut not ar	affactive ti	ma ====================================	4	
he 90th day after the recor	d is filed.	out not a	i elicctive ti	ine, at 12:0	i a.m. on th	e earlier o
JANUARY 15	20	19				
		 -·				
			representative o			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00