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## **COVER LETTER**

Registration Section

TO:

Divi	ision of Cor	porations			
•	Fourshore Marine Ventures, LLC  Name of Limited Liability Company				
SUBJECT:					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter			
	·	,	-		
		Jose Manuel Torres			
	Name of Person				
		Fourshore Capital, LLC			
	Firm/Company				
	901 Ponce de Leon Blvd. STE 402				
			Address		
	Coral Gables, FL 33134				
			City/State and Zip Code		
		jmtorres@fourshorecapital.  E-mail address: (	com to be used for future annual report it	otification)	
For further in	iformation e	oncerning this matter, please c			
Jose M. Torres		787 298-0000 at ()			
	Name o	f Person		time Telephone Number	
Enclosed is a	check for th	ne following amount:			
<b>≡</b> \$25.00 F	iling 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		Street Address: Registration Section			
Division of Corporations			Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 MAY 19 PH 4: 34

Fourshore Marine Ventures, LLC

SECRELLAY OF STATE

(Name of the Limited Liability Company as it now appears on our records) SSEE. Flat The Articles of Organization for this Limited Liability Company were filed on December 11, 2018 and assigned Florida document number  $\frac{1.18000284545}{1.18000284545}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address

## 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.

\_\_\_\_\_, Florida \_\_\_\_

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Fourshore Marine Sponsors, LLC	901 Ponce de Leon Blvd STE 402	
		Coral Gables, FL 33134	≣Remove
			□ Change
MGR	Jose A. Costa, III	901 Ponce de Leon Blvd STE 402	Add
		Coral Gables, FL 33134	□ Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□ Remove
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			□Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change

Typed or printed name of signee