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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Solomon's Marie Name of Lim	Sulations (LC
Name of Lim	itted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Jardan S	Name of Person
Salamon's 1	Marine Solutions LLC Firm/Company
10968 NW	21st Place
	Address
Coral Sprin	City/State and Zip Code
•	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please c	all:
Jordan Saleman	21(954) 600-2901
Name of Person	at (95%) 600 - 2901 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$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

Salaman's Ma	since Salutions 646
(Name of the Limited Liab	ollity Company as it now appears on our records.) ida Limited Liability Company)
(A Fidi	ida Elimied Elability Company)
The Articles of Organization for this Limited Liability	Company were filed on //02/20/9 and assigned
Florida document number <u>4 19 00 00 00 9</u>	<u> 26</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Salaman Marine S	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
•	201
(Principal office address MUST BE A STREET ADD	ORESS)
	2 · 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	emer Fiorida street dadress
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	red Agent:
	CO. T. Co.
I hereby accept the appointment as registered agen	
provisions of all statutes relative to the proper and	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and
provisions of all statutes relative to the proper and accept the obligations of my position as registered	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is
provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	It and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability
provisions of all statutes relative to the proper and accept the obligations of my position as registered	It and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability
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Page 1 of 3

If amending or removed	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being adde
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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amendin	ig any other	information,	enter chan	ge(s) here:	(Attach aa	lditional sl	ieets, if nec	essary.)		
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an effective ote: If the occument's	e date is fisted, the date inserted effective date specifies a	than the date ne date must be s in this block d on the Depart delayed eff	pecific and can loes not meet ment of State ective date	the applicates records.	date of filing de statutory	or more than	90 days afte rements, thi	s date will no	ot be lis	sted a
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				Page 3	3 of 3					

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Filing Fee: \$25.00