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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cret Horked Marine Services W. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Vazlin Ariana Rodriguez
Gret Histed Marine Services UL
2219 Arteria Court Royal All 33411 FL
Royal Yalm FL 33411 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person () at (50) 207 - 627 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LPOOO(5)</u> .	were filed on 01,512020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab GET HOOKED MOVINE The new name must be distinguishable and contain the words "Limited Liabil	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3511 Boutwell Rd Lake Worth, FL 33461 Unit 4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3511 Boutwell Rd Lake Worth, FL 33461 Unit 4
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cav Zw 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
			[]Change
			□Remove
			Change
			□Add
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			(☐Change

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<u>te:</u> 11 t cument	is effective date on the Department of State's records.
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recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the proof of the earlier of the record is filed. $\frac{10 \cdot 22 \cdot 2020}{1000000000000000000000000000000000$
The 90	Oth day after the record is filed. $10 \left(\frac{22}{2020} \right)$
recor The 90 ited	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00