119000019808

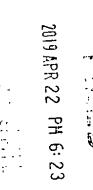
(F	Requestor's Name)	
(A	Address)	
(F	Address)	
(0	City/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

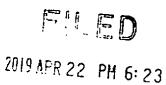
Tallahassee, FL 32314

TO:

our ipot	MAGNUS MARIN	E LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JULIO J MESSUTI	
	·	Name of Person MAGNUS MARINE LLC	
		Firm/Company 17030 SW 93 ST 10-103	
		Address MIAMI, FL 33196	
	JU	City/State and Zip Code	M
For further information	E-mail address: (concerning this matter, please co	to be used for future annual report not	ification)
	J MESSUTI	786 7572509	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Regist Divisi	JNG ADDRESS: ration Section on of Corporations Box 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MAGNUS MARINE LLC

	MAGNUS MARINE LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	01/17/2019	and assigned
Florida document numberL19000019808	· · ·		-
This amendment is submitted to amend the following	;:		
A. If amending name, enter the new name of the I	imited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	· <u>-</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		_	
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	~	our records, <u>enter</u>	the name of the new
New Registered Office Address:			
	Enter Floria	a street address	
<u> </u>		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of n l agent as provided for in Ch ered office address, I hereby	ny duties, and I am Lapter 605, F.S. Or	familiar with and , if this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JULIO J. MESSUTI	17030 SW 93 ST 10-103, MIAMI FL 33196	
			□ Remove
			Change
			Remove
•			☐ Change
			□ Remove
			Change
			□ Remove
	 	Change	
		□ Remove	
		Change	
			Remove
			□ Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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-	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	APRIL 9TH 2019
	Mas
	Signature of a member or authorized representative of a member
	JULIO J. MESSUTI

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00