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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Miami Cruise Jacht Charters, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wendy Lorente Name of Person Hiami Cruise Yacht Charters, LLC Firm/Company
21530 SW 97th PLace
City/State and Zip Code Whosentel E Jahoo. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 972-5818 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Solution S

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

Mami Cruise acht (Name of the Limited Liability Compania) (A Florida Limited Liability Compania)	Charters LL y as it now appears on our record ability Company)	<u>(L.)</u>
The Articles of Organization for this Limited Liability Company v Florida document number <u>L190 col 2046 lp</u> .	vere filed on <u>Hay 3, 2</u>	ol9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC	" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liability company here:	19 A	
	NA	JG -2 AM 6: 33
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new
Name of New Registered Agent:	N/H	
New Registered Office Address:	Enter Florida street addres	xx
		orida
New Registered Agent's Signature, if changing Registered Agent:	City	Zīp Code

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 Address Type of Action Name 21530 SW 97th PL Miami, FL 33189 Wendy Lorente ₽Ædd ☐ Remove ☐ Change 21530 SW 97th PL _□ Change □ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00