L19000174505

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то:	Registration Se Division of Cor		·			
(77 (13 77	Nautical Vo	entures Marine Center, LLC				
SUBJE	CT:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
Please	return all correspo	Deborah Rice	to the following:			
		Nautical Ventures Group	Name of Person			
Firm/Company 50 South Bryan Road						
	Address Dania Beach , FL 33004					
		City/State and Zip Code drice@NAUTICALVENTURES.COM				
For fur	ther information c	E-mail address: (concerning this matter, please co	to be used for future annual report notif all:	ication)		
Debora	ih Rice		954 926-5250			
Name of Person		f Person	at () Area Code Daytime	Telephone Number		
Enclose	ed is a check for t	he following amount:				
□ \$2:	5.00 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)		
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nautical Ventures Marine Center, L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{07/05/2019}$ and assigned Florida document number L19000174505 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NV Marina, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 City

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				
<u>Title</u>	Name	Address	Type of Action	
				
			☐ Remove	
			☐ Change	
				
			Remove	
			☐ Change	
			Remove	
			☐ Change	
		***	□ Remove	
			☐ Change	
			☐ Remove	
			☐ Change	
			□ Add	
			□ Remove	
			Change	

		-,
Note: If th	date, if other than the date of filing: we date is listed, the date must be specific and cannot be prior to date of filing he date inserted in this block does not meet the applicable statutory's effective date on the Department of State's records.	(optional) for more than 90 days after filing.) Pursuant to 605.0207 (filing requirements, this date will not be listed as f
	d specifies a delayed effective date, but not an effecti Ith day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
Dated	14/2019	
Dated	Signatura for a representation of Signatura for Signatura	
		-

Page 3 of 3

Filing Fee: \$25.00