**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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TO:

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Division of Corporations
Fax Number : (850)617-6383
```

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number 2 (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ា ហ G LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CORALI MARINE HOLDINGS, LLC** <u>رب</u> ۱ ILED Certificate of Status 0 2019 SEP PN 12: Certified Copy 0 Page Count 03 Estimated Charge \$25.00 S

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORALI MARINE HOLDINGS, LLC

## (Name of the Limited Limitity 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 08/22/2019	and assigned
Florida document number L19000211330	
This smendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here;	5
The new news he distinguish the set of the set	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviation 'LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Euter 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, registered agent and/or the new registered office address here:	enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	·····

uer Florida street address

\_\_ Florida \_\_\_

Zip 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.

Chy

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> MGR	<u>Name</u> CABRERA, MARC A.	Address 1395 BRICKELL AVE STE 101	Type of Action
<u></u>		MIAMI, FL 33131	Add
			C Remove
			D Add
			PHD
			G Remove
			Change
			O Add
		<u></u>	🗌 Remove
			Chauge
			O Add
		·	🗅 Remove
			Add
			C Remove
			Change
			🖸 Add
			Remove
			Сізаця

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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<u>2:</u>

## E. Effective date, if other than the date of filing:

.

. .

(optional) (If an effective date is hated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable staunory filing requirements, this date will not be listed as the document's affective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 3rd 2019 Dated Signature of a member or authorized representative of a member

Carlos M Alvarez, Attorney-in-Fact

Typed or printed name of signee

Page 3 of 3

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