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ASTACKT OF STATE ASSEMBLE CORP. (RELITED THE AHASSEELF LODE)

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MAR 1 2 2020 S. YOUNG

COVER LETTER

Division of Cor			÷
sübject: <u>AL</u>	L MARINE Name of Limit	MAINTEN ted Liability Company	ANCE LLC
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Pylon	R Cox+es Name of Person	
	ALZ Ma	Firm/Company	N.C.C.
	382 SW	fender auc	
	arcadia F	241266 City/State and Zip Code	
	E-mail address: (to	Mai He MA M (P. 1 6) 9 to be used for future annual report non	IMa. 1 · COM fication)
For further information co	oncerning this matter, please cal	II:	
Dylan P Name of	Person	at (<u>941</u>) <u>303</u> Area Code Daytim	- Z806 e Telephone Number
Enclosed is a check for th	e 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)

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 Com	Dany as it now appears on our records.)
(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 02/05/2020 and assigned
Florida document number 42600041936 .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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>	Address	Type of Action
MGR	Lindsey A cross	3182 Sw Fender are	🗆 Add
		arcadia FL 3426	
			□Change
MGR	Dylan R corter	3182 SW fender ava	🗹 Add
	arcadia FL 34266		
			□Change
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□Change

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(If an effec <u>Note:</u> If	e date, if other than the date of filing:
ne record : ord is filed	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 l.
Dated _	02/18/20
	Signature of a member or authorized representative of a member
	Dylon R Content Typed or printed name of signee

Filing Fee: \$25.00