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2021 SEP 13 PH 8: 30
SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

GEABRITE MARINE

'	Name of Limited Liability Company	
The enclosed Articles of Amendment and fe	re(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
ADR Ser	Name of Person  WARI  Firm/Company	NEZ LE LLC
1033	28 SW 145CT Address	
MIAN	City/State and Zip Code  City/State and Zip Code  ACCOUNTIN  and address: the be used for future annual report not	M TO SCHE. CON
For further information concerning this matt	ter, please call:	
ADRIANC MAR	MCZ 11,305, 342	0201
Name of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the following amour	nt;	
S25.00 Filing Fee S30.00 Filing Certificate		☐ \$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 Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SCABRITE MY	HINE UC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 3 11 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrev	riation "L L.C "
Enter new principal offices address, if applicable:	10328 SW 145CT	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33180	)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10828 SW 1450F	n_K_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of	_ <del>,,,</del> _
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Lip 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 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	<u>Name</u>	Address	Type of Action
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		NGO 8525 SW 12051 MIAMI FL 33 156	MERemove
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Note: If the da	e, if other than the date of filing:	5,020' ted as
record specifi t is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	er the
ated	8/31/2021	
	Signature of Manager or authorized representative of a member	
	000000000000000000000000000000000000000	

Filing Fee: \$25.00