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7/21/20

COVER LETTER

TO:	Registration Sec Division of Corp					
<i>e</i> 1115 112		MARINE MIAMI LLC	·			
SUBJE	C1:	Name of Limi	ted Liability Company			
The end	losed Articles of a	Amendment and fee(s) are subt	nitted for filing.			
Please t	eturn all correspo	ndence concerning this matter t	to the following:			
		NORMAN MARQUEZ				
			Name of Person			
			Firm/Company			
		1812 SW 131ST PLACE		Fern	20	
		MIAMI, FL 33175	Address		202 0 JUN 15	1
		MARQUEZ.NORMAN@H		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	5 PM 3: 09	
For fur	ther information c	E-mail address: (to oncerning this matter, please ca	to be used for future annual report notifull:	icanon) CO	3: 09	•
NORM	IAN MARQUEZ		305 300-1007			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclos	ed is a check for th	he following amount:				
≅ S2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified C (additional c	of Sta Lopy	tus &
	Mailing Address Registration of Control Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations Taliahassee e Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil florida document number $\frac{L20000082185}{L2000082185}$	ed on 03/16/2020 and assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability con	npany here:
CLEAN AIRE MARINE SERVICES LLC	
he new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "Li.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2020
	= = 11
Inter new mailing address, if applicable:	m m
.	
Mailing address MAY BE A POST OFFICE BOA)	
	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Cin	y 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 jurther 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 kereby 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

Title	<u>Name</u>	Address]	Type of Action
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				_ 🗆 Remove
				_ DChange
				_ □Add
				_ 🗆 Remove
			2020 JUN 15	_ □Change
			15 PH 3: 09	_ □Add [11] □Remove
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Effective date, if other than the date of filing:				
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Filing Fee: \$25.00