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(Requestor's N	ame)	
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JA.
1/20/21

COVER LETTER

TO: Registration S Division of Co			
	IARINE, LLC		
SUBJECT:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
		116. 615	
	Amendment and fee(s) are sub	-	
Please return all correspondence	ondence concerning this matter	to the following:	
	BLAKE OBER		
		Name of Person	
	COX & COMPANY		
		Firm/Company	
	1005 W. INDIANTOWN	RD, #202	
		Address	
	JUPITER, FL 33458		
		City/State and Zip Code	
	BLAKE@COXANDCOM		
For further information	e-mail address: (to be used for future annual report not call:	uncation)
BLAKE OBER	J	561 747-8266	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the 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 Addre Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 63: Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELEE MARINE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/06/2020	and assigned
Florida document number L20000191821		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he 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)		# 5
Anduling dudiess MAT BE A POST OFFICE BOX	 · · · · - · - · · - · · - ·	<u> </u>
		
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 the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	City	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.

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
AMBR	DUSTIN BAILEY	1008 SOUTHVIEW CIRCLE	
		CENTER, TX 75935	□Remove
			Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
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			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			Character (Character)

		
		
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 2.	be specific and cannot be prior to date of filin seck does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 y filing requirements, this date will not be listed as
record specifies a delayed effectiv Lis filed.	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
ated DECEMBER 3	2020	
	Signature of a number or authorized represen	ntative of a member
JEPKREY_W: COX, RE	GISTERED AGENT	

Filing Fee: \$25.00