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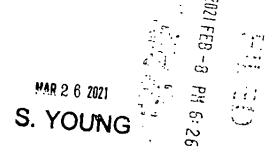
(Requestor's Name)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHRI	IECT:	CR	MARINE LLC	
300	<u> </u>	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Fîrm/Company	<del></del>
		3 (	Greenway Plaza #1320	
			Address	
			Houston, Texas 77046	
			City/State and Zip Code	
			filings@swyftfilings.com	<del></del>
			to be used for future annual report notifi	cation)
For fi	irther information o	oncerning this matter, please ca	all:	
	Sonia B	Becerra	at (877) 777-045	50
	Name o	of Person		Telephone Number
Enclo	sed is a check for the	he following amount:		
<b>⊠</b> S	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

#### CR.MARINE LLC

(Name of the Limited Claimity Comp. (A Florida Limited	Liability Company)	on our records.)	P P
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	11/25/2020	on and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
CR.Stee	ns LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
			<del> </del>
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		
	<del></del>	<del> </del>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	
	City	<del></del>	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 Changing Registered Agent, Signature of New Registered Agent

If amending Anthorized 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 M	1ember		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
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f amendin	g any other informat	ion, enter cl	hange(s) hei	e: (Attach ac	lditional sheet	s, if necessary	·.)
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an effective of lote: If the	ate, if other than the date is listed, the date must date inserted in this blo effective date on the De	be specific and ek does not m	cannot be prioneet the application	able statutory	or more than 90 of filing requirem	(optional) days after filing.) ents, this date v	Pursuant to 605,0207 will not be listed as
e record s The 90th	specifies a delayed I day after the reco	effective d rd is filed.	ate, but no	ot an effecti	ve time, at 1	.2:01 a.m. c	on the earlier of
ated <u></u>	1/26/2021	,	2021				
_	, , ,	General Signature of a n	nember or auth	Orized represent	ative of a membe	<u> </u>	<del></del>
	Clinton				)		

Page 3 of 3

Filing Fee: \$25.00