L21000072211

(Red	juestor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

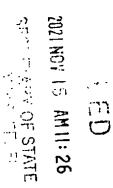
Office Use Only

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COVER LETTER

	Registration S Division of Co			
etin ire		tal care Ilc	•	
SUBJEC	-I; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		christian cesari		
			Name of Person	
			Firm/Company	
		1130 11th street 5h		
			Address	
		miami bech fl 33139		
		chricesari@gmail.com	City/State and Zip Code	
		= =	to be used for future annual report noti	fication)
For furth	er information	concerning this matter, please c	all:	
	Name	of Person	at () Area Code Daytim	e Telephone Number
	1 111110	, we i classif	Alea Code Paytini	e reteptione retinoet
Enclosed	l is a check for	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 Addr		Street Address:	
Registration Section Division of Corporations			Registration Sec	
	P.O. Box 63		Division of Cor The Centre of T	

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

marine total care llc		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000072211</u> .	were filed on 02/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
maeere llc		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1580 west ave apt 303	
(Mailing address MAY BE A POST OFFICE BOX)	miami beach, fl, 33139	
The second secon		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the <u>nam</u>	e of the new registered
New Registered Office Address:	Enter Florida street address	<u> </u>
		AON 1202
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	× ···	Zip Codes
I hereby accept the appointment as registered agent and agrouped provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	ree to comply with the familiar west and if this document is
If Chan	iging Registered Agent, Signature of New Res	gistered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr Andrea Morelli	Andrea Morelli	1580 west ave apt 303	
		miami beach. fl. 33139	□Remove
		Change	
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		Change	
		□Add	
		□Remove	
		☐ Change	
		□Add	
			□Remove
			□Change

•	
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•	
(II'an ef <u>Note:</u>	ive date, if other than the date of filing:
ne reco ord is fi	rd 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 led.
Dated	11/09/2021
	Signature a member or authorized representative of a member
	CHRISTIAN CESARI
	Typed or printed name of signee

1 1 1

• • •

Filing Fee: \$25.00