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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Murder marine LLC

SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Alexander napoles	
		Name of Person	<u> </u>
		Murder Marine IIc	
		Firm/Company	
	3351 w 10th ave apt 304		
		Address	
	hialeah fl 33012		
		City/State and Zip Code	
	alex@murdermarine.com		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Alexander napoles		305 8509885	
	·	at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ra fallowing amount:		
Enclosed is a check for ti	ne tonowing 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Murder Ma	irine LLC	21 SEP 27 PH 3: 10
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L21000188186</u>	•	ril 22 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	. 4454,7544
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	City	, Florida Zip Code
	Cuy	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	lanager Authorized Member	100 mm 1	
<u>Title</u>	Name Alexander nunctor	Address 21 SEF 27 PH 3: 10	Type of Action
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			■Remove
			□Change
MGR	Alexander napoles	3351 w 10th ave apt 304 hiateah fl 33012	<b>S</b> Add
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in effective date is listed, the dai	e must be specific and cannot be pri	ior to date of filing or	more than 90 days after	filing.) Pursuant to 605,0207 (
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	Signature of a member or au	thorized representati	ve of a member	<del></del>