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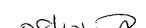
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| | gistration Serision of Cor | | | |
|---------------------|-----------------------------|---|---|---|
| SUBJECT: | | CUSTOM MARINA VAULT | LLC | |
| | | Name of Lin | nited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sul | bmitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | DAVID DELEZENNE | _ | |
| | | | Name of Person | |
| | | UNIQUE CUSTOM MAI | RINE VAULT LLC | |
| | | | Firm/Company | |
| | | 2044 NW 25TH AVE | | |
| | | | Address | |
| | | POMPANO BEACH FL | 33069 | |
| | | **** | City/State and Zip Code | |
| | | UNIQUSTOMARINE@GI | | |
| For further in | formation co | E-mail address: (oncerning this matter, please c | to be used for future annual report no all: | otification) |
| DAVID DEL | EZENNE | | 954 980-4887 at () | |
| | Name of | f Person | Area Code Dayt | ime Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 Fi | iling 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 |
| | ling Address istration S | | Street Address: Registration S | ection |
| Div | ision of Co | orporations | Division of Co | orporations |
| $D \cap$ | . Box 632 | 1 | The Centre of | Tallahaccee |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| UNIQUE CUSTOM MARINA VAULT LLC | | |
|--|---|---------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| he Articles of Organization for this Limited Liability Company | were filed on 05/17/2021 | and assigned |
| lorida document number L21000226827 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| NIQUE CUSTOM MARINE VAULT LLC | | |
| ne new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the ab | breviation "L.L.C." |
| nter new principal offices address, if applicable: | 2044 NW 25TH AVE | |
| Principal office address MUST BE A STREET ADDRESS) | POMPANO BEACH FL 33069 | |
| | | |
| nter new mailing address, if applicable: | SAME | |
| Agiling address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| . If amending the registered agent and/or registered office a tent and/or the new registered office address here: | address on our records, enter the name | e of the new regist |
| en and or the new registered write address here. | | |
| Name of New Registered Agent: | | - <u>-</u> |
| Traine of New Registered Agent. | | |
| New Registered Office Address: | Euro Plant I annual I de | |
| | Enter Florida street address | |
| | Florido | |

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.

City

Zip Code;-

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 |
|--------------|-------------|---------|----------------|
| | | | □ Add |
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| (If an e | optional) flective date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
|----------------------|--|
| the rece ord is f | ord 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 filed. |
| Dated | JULY 13 2021 |
| | |
| | Complete and the state of the s |
| | Signature of a member of authorized representative of a member |

Filing Fee: \$25.00