L21000472572

Florida Department of State
Division of Corporations
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((H21000424724 3))

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : STILES CORPORATION
Account Number : I2002000028
Phone : (954)627-9156
Fax Number : (954)627-9937

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
S-PLANTATION MF QUATTRO, LLC

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TALLAHASSEE, FLORIDA

2021 NOV 18 AM 11:39
TALLAHASSEE, FLORIDA

K. SALY
NOV 19 2021

COVER LETTER

TO: **Registration Section**
Division of Corporations

(((H21000424724 3)))

SUBJECT: S-PLANTATION MF QUATTRO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNDA WATKINS
Name of Person

STILES CORPORATION
Firm/Company

201 E LAS OLAS STE 1200
Address

FT. LAUDERDALE, FL 33301
City/State and Zip Code

LYNDA.WATKINS@STILES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNDA WATKINS at (954) 627-9350
Name of Person Area Code Daytime Telephone Number

Enclosed 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 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 NOV 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S-PLANTATION MF QUATTRO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/01/2021 and assigned Florida document number L21000472572.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CUTNAIL MARINE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

(((H21000424724 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000424724 3)))

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	KENNETH L STILES	201 E LAS OLAS BLVD	☒ Add
		STE 1200	☐ Remove
		Ft. LAUDERDALE, FL 33301	☐ Change
MGR	SFLMF, LLC	201 E LAS OLAS BLVD	☐ Add
		STE 1200	☒ Remove
		Ft. LAUDERDALE, FL 33301	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 17 . 2021 .

_____
Signature of a member or authorized representative of a member

KENNETH L. STILES
_____
Typed or printed name of signee

Filing Fee: $25.00