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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sectorial Division of Corp			RECEIVED
	M	ARINEX DISTRIBUTION L	LLC	
SUBJE	СТ:	Name of Lim	ited Liability Company	2022 JUL 26 AM 11: 32
				SHE IN TALL OF SEELFE
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	Fail office Secure
Please re	eturn all correspon	dence concerning this matter	to the following:	
		MARIE	ELA MARINOVA	
			Name of Person	
			Firm/Company	
		101 BI	RINY AVE APT 2405	
			Address	
POMPANO BEACH FL 33062				
			City/State and Zip Code	
			CEOLA@GMAIL.COM to be used for future annual report	notification)
For furth	ner information cor	ncerning this matter, please c	·	
ISA	ABEL ORDONEZ		954 253 122	4
	Name of I	Person	Area Code Da	ytime Telephone Number
Enclose	d is a check for the	following amount:		
	.00 Filing Fee Already	☐ \$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

FILED

MARINEX DISTRIBUTION	ON LLC	1 JUL 26 ;	481.÷25
(Name of the Limited Liability Compar (A Florida Limited L		IALLAHASS	SEE. FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000023917</u> .	were filed on 01/11/2	2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	12952 SW 108TH ST CIR		
	MIAMI, FL 33180	6 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		···	
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:	ddress on our recor	ds, enter the nan	ne of the new registered
New Registered Office Address:	P		
	Enter Florida s	treet address	
	City	, Florida	Zip Code
	CHV		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 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Chanue

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: 1	re date, if other than the date of filing:
the record cord is file	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 d.
Dated _	7/11/2022
	Signature of a member or authorized representative of a member
	MARIELA MARINOVA Typed or printed name of signee