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STOR TANT OF SPREN

T. MATTHEWS

JUL 26 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SAMANTI	A RYAN MARITIME HOLD	DINGS LLC	
SUBJECT: STATE	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SAMANTHA HALL		27.500
		Name of Person	
	SAMANTHA RYAN MA	RITIME HOLDINGS LLC	
		Firm/Company	
	434 NE CANOE PARK C	IR	
		Address	
	PORT ST LUCIE FL 3498	33	
		City/State and Zip Code	
	FISHINCHICK 16@HOTM E-mail address: (IAIL.COM to be used for future annual report not	ification)
For further information o	oncerning this matter, please co		
SAMANTHAN HALL		at (772) 215-7087	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	nation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILL. SECRETARY OF STATE STYTSTON OF CORPORATIONS

SAMANTHA RYAN MARITIME HOLDINGS LLC

22 MAY 23 AM 9: 13

(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	y were filed on <u>03/03/2022</u>	and assigned	
Florida document number L22000111205			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" 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 agent and/or the new registered office address here:			
Name of New Registered Agent:	_		
New Registered Office Address:	Enter Florida street addre	288	
	City	lorida	
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete	e performance of my duties, c	ınd I am familiar with and	

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
MBR	CHRISTOPHER HALL	434 NE CANOE PARK CIR	
		PORT ST LUCIE FL 34983	■Remove
			Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
	-		□Add
			Remove
			Change
			□Add
			□Remove
			Change
		□Add	
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	<u> </u>
-	
an effect lote: If	date, if other than the date of filing:
record s l is filed	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
ated <u>M</u>	AY 2 , 2022 . Signature of a member or authorized representative of a member
	SAMANTHA HALL