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SECRETARY OF STATE BIVISION OF CORPORATION

T. MATTHEWS JUL 20 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
All Sales M	Iarine LLC		
SUBJECT:	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:	
	Michael E. Johnson		
		Name of Person	
	All Sales Marine LLC		
		Firm/Company	
	13518 150th Court North		
		Address	
	Jupiter, Florida 33478		
		City/State and Zip Code	
	fishlocalknowledge@att.net		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please co	all:	
Michael E. Johnson		954 8571692	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre	ĸų•	Street Address:	
Registration		Registration So	
Division of C		Division of Co	•
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION SECRETARY OF STATE OF

22 MAY 20 AM 9: 31

All Sales Marine LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000127767	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r 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 a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	• • • • • • • • • • • • • • • • • • • •	J.,
 -	, Flori	aa 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
MGR	Michael E. Johnson	13518 150th Court N Jupiter.Fl 33478	
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
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ffective date, if other than an effective date is listed, the date Note: If the date inserted in the locument's effective date on the	must be specific and is block does not it	cannot be prior to neet the applicab	date of filing or more	(option) than 90 days after file equirements, this d	ling.) Pursuant to 605.020
record specifies a delayed effo d is filed.	ective date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
May 5	·	2022	_ ·		
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- W	Signature of a 1	member or authori	zed representative of	`a member	

Filing Fee: \$25.00