Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003453243)))



H220003453243ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ZUPA MARINE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zupa Marine LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>09/22/22</u>	and assigned
Florida document number L22000414740		
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 Liabil	ity Company," the designation "LLC" or the a	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	address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:	<u> </u>	3 —
		2022 OC
Name of New Registered Agent:	, <u> </u>	
New Registered Office Address:		SSE -7 FEAT
	Enter Florida street address	PA CO
	, Florida _	<u> </u>
	Cuy	Zip Cods

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
AMBR	Andrea Palacio	7901 4TH ST N STE 300	XI Add
		ST. PETERSBURG, FL 33702	□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		15014-1-1-1	□Remove
			🗆 Change
			□Add
			□Remove
			□ Change

4					
			- ~		
			217-72-7		
134141111111111111111111111111111111111					
					<u> </u>
1/11/10 10 1					
			•		
ffective date, if other than the data an effective date is listed, the date must biote: If the date inserted in this bloc ocument's effective date on the Department.	c does not meet th	e applicable su	of filing or more than itutory filing requi	(optional) 90 days after filing.) (rements, this date w	Pursuant to 605.0207 (fill not be listed as t
record specifies a delayed effective t Lis filed.	ate, but not an eff	ective time, at	12:01 a.m. on the c	earlier of: (b) The	90th day after the
ated October 7		22			
ated October 1					
	R	: Lun Park	presentative of a me		