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COVER LETTER

TO:	Registration Se	ection orations				
		55-10 LLC				
SUBJE						
		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter	_			
		MATTHEW MILLER				
			Name of Person			
		MILLER WATSON PLLC				
		<u> </u>	Firm/Company			
		222 US HWY 1 STE 211			ci) 20	
			Address		/\eii)23 (
		TEQUESTA, FL 33469			CIVINITY OF COM-	
		matt.miller@yachtingattorn	City/State and Zip Code ey.com		CORR OF AT 1940	
		E-mail address: (to be used for future annual report no	itication)	01:21 Hc	
For furt	her information c	concerning this matter, please c	all:		6	
MATTH	HEW MILLER		561 316-2032			
			at ()		-	
	Name c	of Person	Area Code Daytii	ne Telephone Number		
Enclose	ed is a check for the	he following amount:				
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	atus &	
	Mailing Addres		Street Address:			
	Registration		Registration Section			
	Division of C P.O. Box 632	•	Division of Co The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARITIMO S55-10 LLC	nany as it now appears on our recards)			
(A Florida Limite	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on OCTOBER 28, 2022 Clorida document number 1.22000465143		and assig	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
MARITIMO M60-21 LLC				
he new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "LLC" or the a	bbreviation "L.L.C		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		20_	210	
			55	
			- 基注 - 今で	
Section of the section of the section below		42	- 65 - 67	
inter new mailing address, if applicable:		7	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>enter the nar</u>	ne of the new 1	registe	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	Zip Code		
	City			

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

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
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If an effective date is list Note: If the date inse	her than the date of filing: ted, the date must be specific and c erted in this block does not me date on the Department of Sta	cannot be prior to date of eet the applicable state	filing or more than 90 days a	otional) fter filing.) Pursuant to 605.0 this date will not be listed	0207 (d as t
e record specifies a de rd is filed.	elayed effective date, but not a	an effective time, at 12	2:01 a.m. on the earlier of:	(b) The 90th day after	the
Dated Oct	ober 20.	2023.			
	11114				

Typed or printed name of signee