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COVER LETTER

	egistration Se ivision of Cor		•	
OUD ID OT	Marina Mil	e 105, LLC		
SUBJECT	:	Name of Lim	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	indence concerning this matter	to the following:	
		Ann Petley		
			Name of Person	
		Marina Mile LLC		
			Firm/Company	
		2890 W State Road 84, Su	it 105	
			Address	
		Dani Beach, Florida 33312	2	
			City/State and Zip Code	
		mdrummond@csolutions-u		~ 3
For further	information c	rmail address: (oncerning this matter, please c	to be used for future annual report notification) all:	
Ann Petley	′		954 320-7899 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	 :.
Enclosed is	s a check for th	ne following amount:		-,
≡ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ Certified Cop (additional copy	Status &
	lailing Addres		Street Address: Registration Section	
	egistration Solvision of C	Section forporations	Division of Corporations	
P	.O. Box 632	.7	The Centre of Tallahassee	
T	allahassee, l	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marina Mile 105, LLC (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 were filed on $\frac{5/10/2023}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2890 W State Road 84, Suite 105 Enter new principal offices address, if applicable: Dania Beach, FL 33312 (Principal office address MUST BE A STREET ADDRESS) 2890 W State Road 84, Suite 105 Enter new mailing address, if applicable: Dania Beach, FL 33312 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 =	M:	ana	ger
		-	_

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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tive date, if other than the fective date is listed, the date must lf the date inserted in this blonent's effective date on the De	t be specific and cannot be prior to date of ock does not meet the applicable state	(optional) filing or more than 90 days after filing.) Pursuant to 605 attory filing requirements, this date will not be liste
rd specifies a delayed effective iled.	e date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after
August 12	, 2023	

Filing Fee: \$25.00