

LZ3000500861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

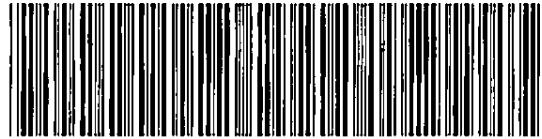
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 DEC 18 AM 10:59

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BISCAYNE MARITIME GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT T HAYS

Name of Person

BISCAYNE MARITIME GROUP LLC

Firm/Company

1000 E ISLAND BLVD PH2

Address

AVENTURA, FL 33160

City/State and Zip Code

todd\_hays@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Bryan

954 772-7655

Name of Person

at ( ) Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BISCAYNE MARITIME GROUP 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 11/03/2023 and assigned  
Florida document number L23000500861.

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."

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 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

Florida

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**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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	HAYS, ROBERT T.	1000 E ISLAND BLVD PH2	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BMG BOATWORKS INC	1000 E ISLAND BLVD PH2	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRI VENTURES LLC	185 SW 7 ST	<input checked="" type="checkbox"/> Add
		APT 2009	<input type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
AMBR	SCOOTER DAN LLC	1000 E ISLAND BLVD PH2	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2003 DEC 8 AM 10:59  
 STATE OF FLORIDA  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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2023 DEC 18 AM 10:00  
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TALLAHASSEE, FLORIDA

2023 DEC 18 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 8 2023

Signature of a member or authorized representative of a member

ROBERT T. HAYS

Typed or printed name of signee

**Filing Fee: \$25.00**