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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FL

cf 113912022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 25.00 \_\_\_\_\_  
AUTHORIZATION SIGNATURE: \_\_\_\_\_ *J. Russell* \_\_\_\_\_  
PLANE TO SEA MARINE, LLC I.11000004228 \_\_\_\_\_  
BUSINESS ( Name) Document #

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 Mail out  Will wait \_\_\_\_\_  
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**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other  
 **CORP**

**OTHER FILINGS**

Annual Report  
 Fictitious Name

**AMMENDMENTS**

Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger  
 Conversion

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
 Limited Partnership  
 Reinstatement

\_\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLANE TO SEA MARINE, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

D. J. MILNE  
Name of Person

MILNE & BUCKINGHAM  
Firm/Company

1912 HAMILTON ST #203  
Address

JACKSONVILLE, FL 32210  
City/State and Zip Code

DD06@MILNECORPJAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE WELLS at (904) 387,5400  
Name of Person 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
PLANE TO SEA MARINE, 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 JAN, 11, 2011 and assigned Florida document number L11000004228

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)

438 OSPREY CT  
PONTE VEDRA BEACH, FL  
32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

438 OSPREY CT  
PONTE VEDRA BEACH, FL  
32082

**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: D. J. MILNE

New Registered Office Address: 1912 HAMILTON ST # 203

Enter Florida street address

JACKSONVILLE, Florida 32210  
City 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.*

D J Milne

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL  
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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>                      |
|---------------|-------------|----------------|--|
| AMBR          | ARTHUR      | 438 OSPREY CT  | <input checked="" type="checkbox"/> Add    |
|               | DOBOSIEWICZ | PONTE VEDRA    | <input type="checkbox"/> Remove            |
|               |             | BEACH, FL      | <input type="checkbox"/> Change            |
|               |             | 32082          | <input type="checkbox"/> Add               |
|               |             |                | <input type="checkbox"/> Remove            |
|               |             |                | <input type="checkbox"/> Change            |
| AMBR<br>(MGR) | A. KNUPP    | 411 WALNUT ST  | <input type="checkbox"/> Add               |
|               |             | #8585          | <input checked="" type="checkbox"/> Remove |
|               |             | GREEN COVE     | <input type="checkbox"/> Change            |
|               |             | SPRINGS, FL    | <input type="checkbox"/> Add               |
|               |             | 32043 - 3443   | <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            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: APRIL 27, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 27, 2022

AD ✓ Arthur Dobosiewicz  
Signature of a member or authorized representative of a member

ARTHUR DOBOSIEWICZ  
Typed or printed name of signee