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Division of Corporations



Florida Department of State

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COVER MESSAGE

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COVER LETTER

то:	_	ion Section of Corporations		
SUBJE	CT: SHA	ARK TOOTH MARINE LLC		
		(Name of Limi	ited Liability Company)	
The enc	losed Artic	les of Amendment and fec(s) are sub-	mitted for filing.	
Please r	eturn all co	rrespondence concerning this matter	to the following:	
		Barbara Dang	(Name of Person)	
			(Maine of 1 ¢(son)	•
		Legalzoom.com, Inc.	(Firm/Company)	
		100 W. Broadway Su	ite 100 (Address)	
		Glendale, CA 91210	(Modicas)	
			(City/State and Zip Code)	
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	(Name of Person)	(Area Code & Daytime Te	elephone Number)
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\$25 .	00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	1] H	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARK TOOTH MARINE LL	<u>C</u>	
(Name of the Limited L. (A F	ability Company as it now appears on our relorida Limited Liability Company)	ecoras.)
The Articles of Organization for this Limited Liab	bility Company were filed on <u>03/16/2012</u>	and assigned
Florida document number <u>L12000037160</u>		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	signation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	AD A PIL :	d
	,	da street address)
	(City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as registabeing filed to merely reflect a change in the recompany has been notified in writing of this cl	oper and complete performance of my dui tered agent as provided for in Chapter 60 egistered office address, I hereby confirm	ties, and I am familiar with and 8, F.S. Or, if this document is
	(If Changing Registered Agent, Signati	The state of the s
		1 9 1 1
	Page 1 of 2	

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Eric R Peterson Jr	8855 Ramblewood Dr. # 1810 Corel Springs, FL 33071	Add ✓ Remove
MGRM_	Eric John Peterson Jr	8855 Ramblewood Dr. # 1810 Coral Springs, FL 33071	✓ Add Remove
			Add Remove
··············			Add Remove
			Add
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necession	ıry.)
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Dated	Eu Peterso	2012	

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