

L11000119142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

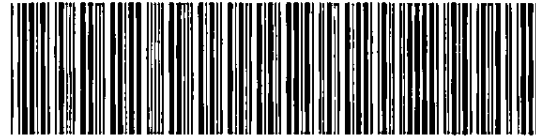
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2017
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAST BAY MARINE SERVICES 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:

FREDERICK RAHN
Name of Person

EAST BAY MARINE SERVICES LLC.
Firm/Company

6210 OHIO AVE
Address

GIBSONTON FLORIDA 33534
City/State and Zip Code

FLKRAHN@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDERICK RAHN at (416) 737-1535
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EAST BAY MARINE SERVICES 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 10/18/2011 and assigned Florida document number L11000119142.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

FREDERICK BAHN

New Registered Office Address:

6210 OHIO AVE

Enter Florida street address

GIBSONTON

City

Florida

32501

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.



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	BASH, MICHELE L	6210 OHIO AVE	<input type="checkbox"/> Add
		GIBSONTON FL 33534	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BASH, MICHELE L	6210 OHIO AVE	<input type="checkbox"/> Add
		GIBSONTON FL 33534	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BAHN, FREDERICK	6210 OHIO AVE	<input checked="" type="checkbox"/> Add
		GIBSONTON FL 33534	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BAHN, FREDERICK	6210 OHIO AVE	<input checked="" type="checkbox"/> Add
		GIBSONTON FL 33534	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

17 OCT 18 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 13 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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 September 30, 2017.

Signature of a member or authorized representative of a member

FREDERICK RAYN
Typed or printed name of signee