## L01000002981

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:

Marine Cargo Line, L.C.

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:



Name of Person

Marine Cargo Line, L.C.

Firm/Company

One Blue Hill Plaza

Address

Pearl River, NY 10965

City/State and Zip Code

dfrank@activeinternational.com

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

For further information concerning this matter, please call:

Terry L. Trantina, Esq.

\_,845**、732-865**8

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)

The state of the s

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

	arine Cargo Line, L.C.		
(Name of the Limited I	iability Company as it now appears of lorida Limited Liability Company)	on our records.)	The state of the s
The Articles of Organization for this Limited Lia Florida document number L0100002981	bility Company were filed on Febru		and assigned
This amendment is submitted to amend the follow	ving:		P
A. If amending name, enter the new name of t	he limited liability company here:		
Marine Cargo Line, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,	" the designation,"	'LLC" or the abbreviation
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street ad	dress
		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	RM = Managing Member			
Title	Name	Address	Type of Action	
			Add	
			F-7	
			Remove	
			Add	
			Remove	
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			Remove	
			- <del>-</del>	
			Add	
			Remove	

If amending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
d June 17	2013
Mes	19.11
Richard Vendig	of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00