## L01000007107

Office Use Only



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12/10/12--01026--019 \*\*25.00

MIN DEC 10 DH 3: 32

C. LEWIS

DEC 1 1 2012

EXAMINER

	COVERCETTER
ΓΟ: Registration Section Division of Corporat	ions and the second of the sec
SUBJECT:	BIRD MARINE LLC
	Name of Limited Liability Company
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.
Please return all correspondenc	e concerning this matter to the following:
	MAURGEN NATH
<del></del>	Name of Person
	IME GROVE INC
	Firm/Company
	3458 ANGLIN DRIVE #A
	Address
	SARASOTA, FL 34242
	City/State and Zip Code  I M Q M R @ Rol. COM
<del></del>	E-mail address: (to be used for future annual report notification)
For further information concern	ning this matter, please call:
MAURGA	NASH at 94, 355 9828
Name of Perso	Area Code & Daytime Telephone Number

COVEDIETTED

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

## TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIMISION OF CORPORATIONS



OF		2012 DEC 10 PM 3: 32
SEABIRD M	1 ARILLE	LL C
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears or pility Company)	our records.)
The Articles of Organization for this Limited Liability Company w Florida document number Lolo 0000 7007	ere filed on	22001 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	_
IME CONSTRUC	TION	LLC
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company,'	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	AS	BEFORE
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	AS	BEFORE
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
<del>*************************************</del>			Add		
			Remove		
			Add		
			Remove		
<del></del>			Add		
			Remove		
			Add		
***************************************			Remove		
			Remove		
			Add		
			Remove		
	and the second s		Add		
			Remove		

D. If amen	ding any other information, enter change(s) here: (Attach	additional sheets, if necessary) LE SECRETARY BIVISION OF CO	nd Of State Rporation
		2012 DEC 10	PM 3: 32
_			
 Dated	12/5/12		
Dated	Manar		·····
	Signature of a member or authorized repres	HERM.	
	Typed or printed name of s	ignee	

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Filing Fee: \$25.00