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(Re	equestor's Name)	
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T. HAMPTON

FEB 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Advantage Marine Services, 22C (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:			
Justin Rhoades (Name of Person)			
Advantage Marine Services			
3400 SW 1Uth Ct (Address)			
Ft. Lauderdale, Ft. 33312- (City/State and Zip Code)			
For further information concerning this matter, please call:			
TUSTIN Rhoades at 954 495-2884 (Name of Person) at (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ \text{(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

ARTICLI	OF OF OF OF OF	RETARY NA OF C
(Name of the Limited Liabi	MATIN SERVICES / lity Company as it now appears on our in da Limited Liability Company)	
The Articles of Organization for this Limited Liability		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
B. If amending the registered agent and/or reqregistered agent and/or the new registered office a		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Floric	da street address)
	, Florida	
ngdistrikati	(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 = Managing Member

Type of Action <u>Address</u> **Title** Name ☐ Add Remove Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February Dated ignature of a member or authorized representative of a member HN K. RWOODES Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00