

LOG000011943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

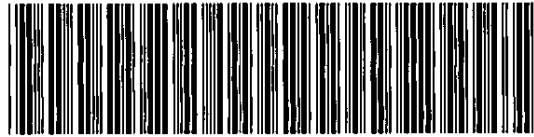
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000133910810

RECEIVED

08 AUG - 7 AM 10:41

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 AUG - 7 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG - 8 2008.

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 676983 7519277

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 6, 2008

ORDER TIME : 4:03 PM

ORDER NO. : 676983-005

CUSTOMER NO: 7519277

FILED
08 AUG -7 PM 1:15
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: TRUSPEED, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2008

CARINA DUNLAP
CSC
TALLAHASSEE, FL

SUBJECT: TRUSPEED, LLC
Ref. Number: L06000011943

RESUBMIT

Please give original
submission date as file date.

FILED
08 AUG -7 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRUSPEED, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A corporation amendment form has been used.

Please resubmit your filing using a LIMITED LIABILITY COMPANY AMENDMENT FORM. The form is attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 308A00045014

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 AUG -8 AM 10:52
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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

TRUSPEED, 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 02/02/06 and assigned
Florida document number L06000011943.

This amendment is submitted to amend the following:

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

DOCTOR DREDGE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
08 AUG -7 PM 1:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

New Registered Office Address:

(Enter Florida street address)

_____, 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 30, 2008



Signature of a member or authorized representative of a member

PHILLIP WILSON

Typed or printed name of signee