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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

J. BRYAN

SEP - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DREDGE AND MARINE CONSTRUCTION (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:
CHRISTOPHER L. LOUDON (Name of Person) DREDGE AND MAKINE CONSTRUCTION ASSET OF SECONDARY PO POX 1138 (Address) PORT SALFRNO, FLORIDA 34992
PO BOX 1138
(Address)
PORT SALERNO, FLORIDA 34992 SE &
For further information concerning this matter, please call:
CHRISTOPHER L. LOUDON at (772) 223-0105 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

PAGE 02/03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

_07000017820 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CONSTRUCTION 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) NA Enter new mailing address, if applicable: (Molling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, onter the name of the new registered spent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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 'tability company has been notified in writing of this change.

(City)

(If Changing Registered Agent, Sienature of New Register of Agent)

(Zin Code)

Page 1 of 2

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

NA	<u>Title</u>	Name	Address	Type of Action
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	D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	09 SEP SECRETA
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				PH 2: 36 OF STATE E, FLORIDA
	Dated			
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		Signature of a member of CHRIS LOODON	authorized representative of a member	•
	_		printed name of signer	-

Page 2 of 2

Filing Fee: \$25.00