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08 APR 17 PH 12: 00
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Traditional Marine Group, LLC (Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are subm Please return all correspondence concerning this matter to	•				
Gordon S. Glenn	(Name of Person)				
Traditional Marine Gro	OUP, LLC (Firm/Company)				
813 Queens Harbor Blvd. (Address)					
Jacksonville, FL 3222	5 City/State and Zip Code)				
For further information concerning this matter, please call	! :				
Gordon S. Glenn (Name of Person)	at (972) 529-7540 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount: [\$\sumset\$ \$\\$25.00 \text{ Filing Fee & Certificate of Status} \$\]	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	os e d)			
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section				

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Traditional Marine Group, 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 February 21, 2008. and assigned Florida document number <u>L0800</u>0018742 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Southeast Coast Marine Group, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) (City)

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 = Ma MGRM = N	inager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	ary.)
			08 APR 17 SECRETAR
Dated		Lun	TARY OF STATE
	Gordon S. Glenn	er or authorized representative of a member	

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Filing Fee: \$25.00