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SECHATIASSEE FLORIDA

J. BRYAN

OCT 18 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		•	
SUBJI	RCT:	Ship	wrecks LLC	
5020			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sui	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Mark Hutchings	
			Name of reson	
			Shipwrecks LLC	
			Firm/Company	
			145 Valois Blvd	AS O
			Address	
			Key Largo, FL 33037	PILE MII: 41 OCT 15 MII: 41 LAMASSEE, FLORUM
			City/State and Zip Code	
			kbeardsal@gmail.com	
For fur	ther information	E-mail address: (concerning this matter, please of	to be used for future annual report notification) all:	
	Ma	ark Hutchings	at (305) 942-4209	1
	Name	of Person	Area Code & Daytime Telephone N	lumber
Enclos	ed is a check for t	the following amount:		
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations lox 6327	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ss:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	TO		4
ARTICI	LES OF ORGANIZATION	N	48
	OF		E & 6
			OR IS MILLE
	Shipwrecks LLC		
(Name of the Limited Lia	bility Company as it now appears	on our records.)	
(A Flo	bility Company as It now appears rida Limited Liability Company)		
		00070000	
The Articles of Organization for this Limited Liabil	ity Company were filed on	02/27/2008	and assigned
Florida document numberL0800002098	<u>7</u>		
			·
This amendment is submitted to amend the following	10°		
This allowallow is sublitated to allow the following	'5 -		
A. If amending name, enter the new name of the	limited liability company here	:	
The new name must be distinguishable and end with the	e words "Limited Liability Compan	y," the designation	"LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
	- · · · · · · · · · · · · · · · · · · ·		
	-		
_			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>		

B. If amending the registered agent and/or a	registered office address on ou	r records, enter	the name of the new
registered agent and/or the new registered office	address here:	,	
Name of New Registered Agent:			
traine of thew registered recit.			
New Registered Office Address:			·
	Ente	r Florida street a	ddress
		ب لدائم بروا	
-	City	, Florida _	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 **Title** Name | <u>Address</u> **Type of Action** William Hull Jr MGRM 986 NE 42 Terr ☐ Add Homestead, FL 33032 ✓ Remove Elvin Black Jr MGRM 45 Garden Cove Dr **✓** Add Key Largo, FL 33037 Remove ☐ Add ☐ Remove ☐ Add Ramove ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Signature of a member or authorized representative of a member Mark Hutchings Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00