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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUL -8 AM II: 41

T. HAMPTON

JUL - 9 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hattie Marine Services, LC 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:
Robert L Merritt Name of Person
Hattie Marine Services, uc
282 South Highway 79
Panama City Beach, FL 32413
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert L Merritt at (850) 532-0864  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Hattie Mario	e Services, L	C
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on or Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number LD8000 65180	Company were filed on July o.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDI	RESS)	SECR VISION
		- 8 F.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		OR ST
		F TION
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fator Elo	rida street address
	Enter Pio	riaa sireet aaaress
<del></del>	City	, Florida Zip Code
	City	гір Соае

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

	he Managers or Managing Members o Member being added or removed from	n our records, <u>enter the title, name, and addre</u> our records:	ss of each M	anager
MGR = Mana MGRM = Ma	ger naging Member			
<u>Title</u>	Name	Address	Type of A	<u>ction</u>
MGRM	Ordrej Smudex	282 South Huy 79 Panama City Crach, Fig.	Add Remove	
Malm	Stephent Pope	2825. Huy 79 Panema Cty Peach Fr 32413	Add Remove	
Malm	Zaldy Conception	ABA S. Hwy 79 Parama City Beach FL	Add Remove	
MGem "	Richard Michael Nguyn	ABD S. Hwy 79 Panama City Brach, F-	Add Remove	
MERW	Jack T Wildman	ABA S. Huy. 79 Parama Coty Brach Fi	Add Remove	
			Add Remove	
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	<del></del>	
			99 JUL -8	SECRETARY DIVISION OF CO
Dated Jul	ly 7th , 200	9	- A	OF STATE ORPORATIONS
_	Robert L. (	r authorized representative of a member  Ner itt r printed name of signee		

Page 2 of 2

Filing Fee: \$25.00