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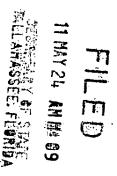
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D. BRUCE

MAY 25 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Martin Marine Mobile Marine Maintenance LLC 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:
Martin Ben Baruch Name of Person
Firm/Company
1511 Hwy 67
For the second s
Carrabelle, FL 32322 = T
Carrabelle, FL 32322  City/State and Zip Code  Mar Marine 5 & hot mail. com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Rama Ben Baruch at (850) 370-0895
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \\ \text{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

Martin Marine Mobi	le Marine M	laintenance	2 LLC	
(Name of the Limited Liability	Company as it now appear imited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>0</u>	8/8/2008	_ and assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company her	<u>re</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	nny," the designation "LL	C" or the abbre	viation
Enter new principal offices address, if applicable:			<del> </del>	
(Principal office address MUST BE A STREET ADDR	ESS)		<u> </u>	
Enter new mailing address, if applicable:			THAY 24	To the state of th
(Mailing address MAY BE A POST OFFICE BOX)		<del>-</del>		
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr	ered office address on c ess here:		name of th	e new
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	En	ter Florida street addre.	SS	
<del></del>	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
4 <u>0-P</u> r	1 Rama Ben T	Saruch 1511 Itwy 67 Caccabelle, FL 32322	Add Remove
<del>*</del>			Add Remove
			Add Remove
			Add Remove
<del></del> ,,			Add Remove
<del></del>			Add Remove
D. If ar	nending any other information,	enter change(s) here: (Attach additional sheets, if nece	essar D
	Business includ	les swimming and Kayak	essar 22 T
	instruction.	enter change(s) here: (Attach additional sheets, if nece	AN TO
Dated _	Lan Signature Ray	of a member or authorized representative of a member	
	- Nan	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00