# 108000094166

| (Red                                    | questor's Name)   |              |  |
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SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

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EXAMINER

## **COVER LETTER**

| Division of Cor  | porations                                  |  |  |          |
|--|--|--|--|----------|
| SUBJECT: C&C I   | Marine, LLC                                |  |  |          |
| SOBJECT:   |  | ited Liability Company)  |  |          |
|  |  |  |  |          |
| The enclosed Articles of                                     | Amendment and fee(s) are sub               | omitted for filing.  |  |          |
| Please return all correspondence                             | ndence concerning this matter              | to the following:  |  |          |
|  |  | •  |  |          |
|  | Christopher Dorothy                        |  |  |          |
|  | O'MOLOPHOL DOLOWIY                         | (Name of Person)   | ·····  |          |
|  |  |  |  |          |
|  | Apollo Materials                           | (E) (O   |  |          |
|  |  | (Firm/Company)   |  |          |
|  | 5425 Merritt Island Drive                  |  |  |          |
|  | 5425 Merritt Island Drive                  | (Address)  |  |          |
|  |  |  |  |          |
|  | Apollo Beach Fl 33572                      |  |  |          |
|  |  | (City/State and Zip Code)  | 2008 J   |          |
| - 4  |  |  |  |          |
| For further information concerning this matter, please call: |  |  | No. and  |          |
|  |  |  | SEE O  | 8. 1     |
| Christopher Dorothy (Name)                                   | of Person)                                 | at (813 ) 469-2523<br>(Area Code & Daytime T                       | elephone Number)   | The same |
|  |  |  | elephone Number 5  |          |
|  |  |  | 0 P  |          |
| Enclosed is a check for the                                  | he following amount:                       |  |  |          |
| □ \$25.00 Filing Fee   | \$30.00 Filing Fee & Certificate of Status | ☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en |          |

### **MAILING ADDRESS:**

TO:

**Registration Section** 

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

| C&C D Marine, LLC   |  |   |
|---|--|---|
| ( <u>Name of the Limited L</u><br>(A F  | iability Company as it now appears on our r<br>lorida Limited Liability Company) | ecords.)                                  |
| The Articles of Organization for this Limited Lial Florida document number <u>L8000094166</u> | pility Company were filed on 10/06/2008  | and assigned                              |
| This amendment is submitted to amend the follow   |  |   |
| A. If amending name, enter the new name of t  | ne fimited liability company here:   |   |
| Apollo Materials, LLC   |  | 7 S 79                                    |
| The new name must be distinguishable and end with "L.L.C."                                    | the words "Limited Liability Company," the de                                    | esignation LLC or the appreviation        |
| Enter new principal offices address, if applical  | ble:   | S 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (Principal office address MUST BE A STREET  | ADDRESS)   | ma 2                                      |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B            | <u>ox</u> )  | STATE TO                                  |
| B. If amending the registered agent and/or registered agent and/or the new registered offi    |  | ds, enter the name of the ne              |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  | (Enter Florid  | da street address)                        |
|   | `  | ,   |
|   | (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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manage or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Address **Type of Action** Title Name 5425 Merritt Island Drive ☐ Add MGRM Christina Dorothy Aplio Beach, Fl 33572 Remove ☐ Add Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 30\_ , 2008 Signature of a member or authorized representative of a member Christopher Dorothy
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00