

# L08000103920

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.  
Account Number : I20000000238  
Phone : (305) 591-9448  
Fax Number : (954) 753-3447

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SERVICE POOL MARINES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN -9 2014

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SERVICE POOL MARINES LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

FILED  
2014 JAN -8 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/6/2003 and assigned  
Florida document number L08000103920

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Gabriella Cogarra

New Registered Office Address:

8260 SW 8TH Street

Enter Florida street address

North Lauderdale

Florida 33088

City

Zip Code

New Registered Agent's Signature, If changing Registered Agents

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 603, 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.

x Gabriella Cogarra  
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>            | <u>Type of Action</u>                      |
|--------------|-------------------|---------------------------|--------------------------------------------|
| MGR          | Ernesto Cegarra   | 8877 NW 21 Court          | <input type="checkbox"/> Add               |
|              |                   | Coral Springs FL 33071    | <input checked="" type="checkbox"/> Remove |
| MGR          | Gabriella Cegarra | 8260 SW 8th Street        | <input checked="" type="checkbox"/> Add    |
|              |                   | North Lauderdale FL 33068 | <input type="checkbox"/> Remove            |
|              |                   |                           | <input type="checkbox"/> Add               |
|              |                   |                           | <input type="checkbox"/> Remove            |
|              |                   |                           | <input type="checkbox"/> Add               |
|              |                   |                           | <input type="checkbox"/> Remove            |
|              |                   |                           | <input type="checkbox"/> Add               |
|              |                   |                           | <input type="checkbox"/> Remove            |
|              |                   |                           | <input type="checkbox"/> Add               |
|              |                   |                           | <input type="checkbox"/> Remove            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated 1/8, 2014.

X

*Gabriella Cegarra*

Signature of a member or authorized representative of a member

Gabriella Cegarra

Typed or printed name of signer

Page 3 of 3

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