## L09000032181

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2012

GENE MAREK / DEEP 6 FLORIDA, LLC 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470

SUBJECT: DEEP 6 FLORIDA, LLC Ref. Number: L09000032181

We have received your document for DEEP 6 FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00011017

## **COVER LETTER**

Division of Co		->2 (Adg	•			
SUBJECT:	DEEP 6	FLORIDA, LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
		GENE MAREK				
		Name of Person				
	D	EEP 6 FLORIDA, LLC				
Firm/Company						
	17	17888 67th Court North				
		Loxahatchee, FL 33470 City/State and Zip Code				
	Lo					
	,					
	E-mail address: (	oilling@trailpods.com to be used for future annual report notifica	ation)			
For further information	concerning this matter, please c	all:				
(	Gene Marek	at ( 786 )2	42-6800			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the 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 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

FILED 12 APR -9 PM 1: 18

(Name of the Limi	DEEP 6 FL ted Liability Conn (A Florida Limited	ORIDA, LLC	SECR IALL: s on our records.)	ETARY OF STATE MIASSEE, FLORIDA
The Articles of Organization for this Limited Florida document numberL090000		ny were filed on	04/02/09	and assigned
This amendment is submitted to amend the fi	oflowing:		•	
A. If amending name, enter the new name	of the limited lia	bility company here	<b>;</b>	
	N/a	А		
The new name must be distinguishable and end "L.L.C."	with the words "Lin	nited Liability Compar	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if app	703 TIMBER COVE DRIVE			
(Principal office address MUST BE A STRE	LOCAHATCHI	EE, FL 33470	b Colored A sugar-section (Print)	
Enter new mailing address, if applicable:		703 TIMBER C	OVE DRIVE	
(Mailing address MAY BE A POST OFFICE	SEABROOK, TX 77586			
B. If amending the registered agent and registered agent and/or the new registered of	office address her	<u>e</u> :	r records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	InCorp Serv	InCorp Services, Inc		
New Registered Office Address:	17888 67th	Many was to be an early of the state of the	······································	
		Enter Florida street address		
	Lo	cahatchee City	, Florida	33470
	4 134 1 134 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ci(v		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 horeby 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 <u>Name</u> Address Type of Action MGR BLAESING, BILL 3210 Riviera Dr. □ Add KEY WEST, FL 33040 ✓ Remove MGR MOLL, BURLHARD 511 WEST CHANNEL ISLAND BLVD ☑ Remove PORT HUENME\_CA 93041 CHMN RICHARDSON, GORDON 12 DULWICH RD ✓ Add HOLLAND ON THE SEA, ESSEX Remove ESSEX UK C0155NA **PRES** MAREK, GENE 703 TIMBER COVE DRIVE SEABROOK, TX 77586 Remove MGR PAULSRUD, JERROME 123 GRASSMARKET  $\square$ Add SAN ANTONIO, TX 78259 ☐ Remove MGR SPIZZO, ROBERT 9252 BREEZYPOINT DRIVE **₽**Add BREEZY POINT MN 56472 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 27 2012 Dated Signature of a member or authorized representative of a member Mike Frank, Mgr Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00