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SEGRETARY OF STATE
ALLANIASSEE, FLORIDA

S. HAWKES NOV 2 0 2009 EXAMINER

COVER LETTER

то:	Registration Section Division of Corpor				
CHID II	ZCT.	Ancora M	aritima Line, LLC		
SUВЛ					
The en	closed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please	return all corresponde	nce concerning this matter	to the following:		
	<u>-</u>		Spencer Hostetter		
			Name of Person		
	412				
	-				
	Atlanta, Ga 30345 City/State and Zip Code				
	Spencer@themetrocpa.com E-mail address: (to be used for future annual report notification)				
For fur	ther information conc	erning this matter, please c	-		
		orning ema matter, preuse e			
		r Hostetter	at (678)	382-0444	
	Name of Per	rson	Area Code & Da	lytime Telephone Number	
Enclose	ed is a check for the fo	ollowing amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section		STREET/CO Registration S	URIER ADDRESS: ection		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ancora Mari			•		
(Name of the Limite	d Liability Compa	iny as it now appea	rs on our records.)			
,	A Florida Ellined	Liaomity Company)	•	4.0		
The Articles of Organization for this Limited	Liability Company	were filed on	May 12, 2009	and assigned		
Florida document number L900004	7699 _.			超星三		
				See See		
This amendment is submitted to amend the fo	llowing			NIO BE ST		
This amendment is submitted to amend the fo	nowing.			70 R		
A. If amending name, enter the new name	<u>of the limited lial</u>	oility company he	<u>re</u> :	95 5		
	Ancora Shippir	na Line, LLC		9m		
The new name must be distinguishable and end w		<u> </u>	any," the designation "	LLC" or the abbreviation		
"L.L.C."						
Enter new principal offices address, if appli	2232 N Cypress Band Dr					
(Principal office address MUST BE A STREET ADDRESS)		Suite 207				
		Pompano Beach, Fl 33069				
Enter new mailing address, if applicable:	2232 N Cypress Band Dr					
(Mailing address MAY BE A POST OFFICE	Suite 207					
Wulling address MAI BE A FOST OFFICE						
	Pompano Beach, Fl 33069					
B. If amending the registered agent and	low magistared of	Pias address on	our records enter	the name of the non		
registered agent and/or the new registered of			our records, <u>enter i</u>	ne name of the new		
	-	_				
Name of New Registered Agent:	no change					
Name of New Registered Agent.	no onungo					
New Registered Office Address:						
		Enter Florida street address				
Por		mpano Beach	, Florida	33069		
		City		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 Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Title** Name | **Address** ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 16 2009 Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Jennifer Marxen
Typed or printed name of signee