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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

FEB 27 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANCORA SHIPPING LINE 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:

JENNIFER FRANCA MARVEN

Name of Person

ANCORA SHIPPING LINE LLC

Firm/Company

750 E. SAMPLE ROAD

Address

BLDG #3 SUITE 227 POMPAHO BEACH FL 3064

City/State and Zip Code

GBC\_JENNIFER@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER FRANCA MARVEN

Name of Person

at (404) 446 5368

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

2012 FEB 24 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ANCORA SHIPPING LINE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/15/2009 and assigned  
Florida document number L09000047699

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ANCORA SHIPPING LINE LLC  
750 E. SAMPLE ROAD, SUITE 227  
POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

JENNIFER FRANCA MARXEN

New Registered Office Address:

1250 NE 23RD AVENUE

*Enter Florida street address*

POMPANO BEACH

, Florida

FL 33062

*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.*

Jennifer Franca Marxen

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+	FORD MATTHEW ORTON	62 VILLA PLACE COURT TUCKER GA 30084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANDREW HELLER	62 VILLA PLACE COURT TUCKER GA 30084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NILS PETER MARXEN	NILS PETER MARXEN 62 VILLA PLACE COURT TUCKER GA 30084	<input type="checkbox"/> Add <input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2012 FEB 24 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated FEBRUARY 21, 2012.

Jennifer Franca Marxen  
Signature of a member or authorized representative of a member  
JENNIFER FRANCA MARXEN  
Typed or printed name of signee