109000074275

(Re	questor's Name)		
(Add	dress)		
(Add	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



400278798464

10/26/15--01012--016 **30.00

15 NOV -9 PM 3: 44

NOV 1 3 2015 Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2015

MARK EBANKS 1241 ROSEGATE BLVD RIVIERA BEACH, FL 33404 US

SUBJECT: EBANKS MARINE SERVICES LLC

Ref. Number: L09000074275

We have received your document for EBANKS MARINE SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 015A00022680

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ebanks Marine Services 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 $\frac{08/03/2009}{1}$ and assigned Florida document number 109000074275 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ebanks Welding Services LLC The new name must be distinguishable and contain 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	Add
			☐ Remove
<u>. </u>			Add
			□ Remove
			Add
			□ Remove
			<u>≥</u> □ Gr ange
			Man Reginove
			NO Pange NO Pange Remove FLORING Change
			Remove
	·		☐ Remove
			D Cl

•		
		
	· · · · · · · · · · · · · · · · · · ·	
	•	
		
		_
	<u>ं</u> स्व	
		<u>=</u>
		0
		D K
	TT- C2 1	
	ORI ORI	F-
	> >	
ctive date, if other than the date of filing:	(optional)	
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to	605.0
ment's effective date on the Department of State's records.	ming requirements, this date will not be	Hateu
ecord specifies a delayed effective date, but not an effecti	ve time, at 12:01 a.m. on the ea	rlier
e 90th day after the record is filed.	·	
d <u>11-05-15</u> ,		
d 11-05-15, Signature of a member or authorized represent		
1011/00000		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00