## L09000/12072

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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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EXAMINER

2010 APR 15 AM ID: 5

## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations	,	
SUBJECT: 35	SEAHUNTER LLC		
	Name of Limited Liability Company	-	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	endence concerning this matter to the following:		
	ROMAN MORETH Name of Person		
	Name of Person		
	Firm/Company	_	
	3000 NE 19th ST Address	_	
	FORT LAUDERDALE, FL, 33305  City/State and Zip Code  Rencausa.com  E-mail address: (to be used for future annual report notification)	2010 APR 15 AM SECRETARY OF S TALLAHASSEE, F	
For further information c	oncerning this matter, please call:	SEE, FLOR	m
Roman (	MORETY at (454) 383-3456  Area Code & Daytime Telephone Numb	0 59 5 [A] 6	
Enclosed is a check for the \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 F Certificate of Status Certified Copy (additional copy is enclosed) Certific	Filing Fee, cate of Status & ied Copy onal copy is enclos	sed)

**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

35 SEAHUNTER LLC	<u> </u>		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L0900112072</u> .	y were filed on	11/20/2009	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
MPIRE INDUSTRIES LLC			
The new name must be distinguishable and end with the words "Lin "L.L.C."	nited Liability Comp	any," the designation LLC	They the abbreviation
Enter new principal offices address, if applicable:		ŦĔ.	2
(Principal office address MUST BE A STREET ADDRESS)		ARY SSEE	5
		OF STATE E. FLORIDA	<u> </u>
Enter new mailing address, if applicable:		E E	59
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Εı	nter Florida street addres	SS .
		, 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 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 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 **Type of Action Title Name** <u>Address</u> ☐ Add Remove □ Add ☐ Remove ☐ Add Remove ∏ Add Remove 骨dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Roman Moreth
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00