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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JAN 2 8 2010

EMARNINER

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	CEJ	Marine, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Т	homas E. Jernigan, Jr	
		Name of Person	
		CET Marine, LLC	
		Firm/Company	
	2000 !	Morris Avenue, Suite 1500	
		Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Birmi	ngham, Alabama 35203	
		City/State and Zip Code	
	loveevel	yn@alabamabroadband.ne to be used for future annual report notifi	ration)
	`	-	Canony
For further information of	concerning this matter, please of	call:	
E	Evelyn Love	at (205) Area Code & Daytime	323-8560
	of Person	Area Code & Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Solution (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

CE	J Marine, LLC			
(Name of the Limited Liability (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C Florida document number 78-8015248031-5			_ and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :		
CE	T Marine, LLC			
The new name must be distinguishable and end with the wor "II.C."	rds "Limited Liability Compa	any," the designation "LLC	or the abbre	eviation
Enter new principal offices address, if applicable:				۳. ۲
(Principal office address MUST BE A STREET ADDI	RESS)		5	335
			7	是否
			27	SY SY
Enter new mailing address, if applicable:				OF STATE
(Mailing address MAY BE A POST OFFICE BOX)				DRA PROPERTY
			फ़्र थ	THE SE
				35
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on (ress here:	our records, <u>enter the</u>	name of th	e new
Name of New Registered Agent:			·	
New Registered Office Address:				
	En	ter Florida street addres.	s	
		, 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:

			Type of Act
			Add
			Add Remove
<u> </u>			Add
			Add
_			Add
			Add
ımendi ——	ng any other information, enter cha	inge(s) here: (Attach additional sheets, if necessar)	DIVISION OF 10 JAN 2
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Page 2 of 2

Filing Fee: \$25.00