Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H09000267028 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 : (800)494-3124 : (561)455-9885 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emall.	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUST MARINE BARGAINS LLC

Certificate of Status	0
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Page Count	02
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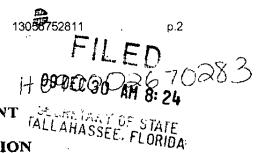
Electronic Filing Menu

Corporate Filing Menu

Help

60

N. C. UEU 31 2009



TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST MARINE BARGAINS LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on 12/28/2009	and assigned
Florida document number <u>L09000122316</u>	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	·
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Molling address MAY BE A POST OFFICE BOX)		
H. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Enter Flort	da street address)
<u> </u>	······································	L'iorida
	(Clty)	(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)

H090002670283

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>	Address	Type of Action
MGRM	MACKENZIE K LAYNE	978 PINEAPPLE TREE DR - # 106 BOYNTON BEACH FL 33435	n Add
			Add Remove
			Add Remove
			Add Remove
			AddRemove
	· · ·		Add Romove
D. If swen	ling any other information, ent	er change(s) here: (Attach additional sheets, if necessa	A.
		·	O9 DEC 30
	· · · · · · · · · · · · · · · · · · ·		DEC 30 M
			M 8: 24
Dated DECE	EMBER 30TH	. 2009	ED M 8: 24
	Signaturi of	a member or authorized representative of a member	
	10	JOHNÍK LÁYNE	
	• • • • • • • • • • • • • • • • • • • •	Typed or printed name of signee	

Puge 2 of 2