Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000180723 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CSH SERVICES, LLC Account Name Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JUST MARINE BARGAINS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

AUG 12 2010

EXAMINER

ARTICLES OF AMENDMENT # . 10000 180 723.3
TO
ARTICLES OF ORGANIZATION
OF

	KINE BARGAINS LLC		
(Name of the Limited Liability (A Florida l	Company as it now appurimited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C Florida document number L09000122316	company were filed on	12/28/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company h	ere:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Corr	pany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:			75 6
(Principal office address MUST BE A STREET ADDR	(ESS)		E E M
			5-
•			第一四
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			2.5
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	name of the new
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 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)

Page 1 of 2

4/.10000/80723.3

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					
MGRM	LAYNE, JOHNNY K	306 NE 1ST AVE - # 205 BOYNTON BEACH FL 33435	Add Add Remove		
			Add Remove		
*****			Add Remove		
<u></u>			Add Remove		
			Add Remove		
			BAdd E T		
D. If a.	mending any other information, en	iter change(s) here: (Assach additional sheets, if neo	SEE, FLORIDA		
	,				
Dated _	August 10	. 2010			
	Signature o		Name - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
		John K Layne Typed or printed name of signer			

Page 2 of 2

4-10000/807.23.3.