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EXAMINER



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02/03/12--01038--021 \*\*25.00

2 FEB -3 MII: 15

## **COVER LETTER**

TO:	Registration So Division of Co			•	
SURT	ECT:	Pipeline	Maritime, LLC	73	
OCDODOT!			ted Liability Company	725	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	12 FEB -3 AMI	
Please	return all corresp	ondence concerning this matter	to the following:		
<del></del>			Lance Littlejohn Name of Person		
Pip		Pipe	eline Network Solutions Firm/Company		
122		122	4th Avenue, Suite 201(b)		
			ndialantic, FL 32903		
City/State and Zip Code  Lance@PipelineTelecom.com  E-mail address: (to be used for future annual report notification)					
For fu	rther information	concerning this matter, please of	•	u)	
Lance Littlejohn Name of Person			at ( 321 ) 427  Area Code & Daytime Tel	7-2000 ephone Number	
Enclo	sed is a check for	the following amount:			
<b> √ \$</b> 2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations 30x 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Pipeline Ma	ritime, LLC		<del></del>
(Name of the Limited	l <b>Liability Compa</b> A Florida Limited I	ny as it now appear Jability Company)	s on our records.)	4
(,	t i lottaa Eiiiitoa E	submity company)	•	お 🦓 -
The Articles of Organization for this Limited L	iability Company	were filed on	02/09/2010	and assigned
Florida document numberL1000001	5284			02
This amendment is submitted to amend the foll	owing:			3 7 1:15
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :	<u>5</u>
Pip	eline Network	Solutions, LLC		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applie	able:	122 4th Aven	ue, Suite 201(b)	
(Principal office address MUST BE A STREET ADDRES		Indialantic, Fl	32903	
Enter new mailing address, if applicable:	122 4th Aven	ue, Suite 201(b)		
(Mailing address MAY BE A POST OFFICE	Indialantic, Fl	_ 32903		
B. If amending the registered agent and registered agent and/or the new registered o	M/A	<u>e</u> :		ne name of the new
New Registered Office Address:	122 4th Ave	enue, Suite 2010		
		Eni	ter Florida street addr	ess
	<u> </u>	ndialantic	, Florida	32903
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

15

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Marcia Littlejohn	122 4th Avenue, Suite 201(b) Indialantic, FL 32903	Add Remove
<u>MGRM</u>	Susan Littlejohn	122 4th Avenue, Suite 201(b) Indialantic, FL 32903	✓ Add ☐ Remove
MGRM	Lance Littlejohn	122 4th Avenue, Suite 201(b) Indialantic, FL 32903	Add Remove
MGR	Lance Littlejohn	122 4th Avenue, Suite 201(b) Indialantic, FL 32903	Add Remove
MGR_	Ernesto Noda	122 4th Avenue, Suite 201(b) Indialantic, FL 32903	✓Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	Add Remove 
			- - -
	January 30th 201	12	_
Dated	, <u>201</u>		
_	or authorized representative of a member	<del></del>	
		ance Littlejohn	
		or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00