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DEC 28 2010

EXAMINER



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JEORETARY OF STATE

10 DEC 27 PH 2:

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	; ECT•	Pine Marir	ne Towing, L.L.C.	
501201			ited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Marino S. Pino	
			Name of Person	
		Pine	Marine Transport, LLC.	
			Firm/Company	
		83	338 nw 7th St Apt 180	<u> </u>
			Address	
			Miami, Florida 33126	•
			City/State and Zip Code	
		E-mail address: (pinemarinetransport.com to be used for future annual report notifi	cation)
For fur	ther information	concerning this matter, please c	all:	
•	 	arino S. Pino	at (786) Area Code & Daytime	397-1799
	Name (of Person	Area Code & Daytime	Telephone Number
Enclose	ed 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)	\$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 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**

Pi	<u>ne Marine T</u>	owing, L.L.C	•			
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appea Jiability Company)	rs on our records.)			
The Articles of Organization for this Limited Life Clorida document number	•	were filed on	April 28, 2010	0 and as	signed	
his amendment is submitted to amend the follo	owing:					
. If amending name, enter the new name o	f the limited liab	ility company he	<u>re</u> :			
Pi	ne Marine Tra	insport, LLC.				
he new name must be distinguishable and end wit L.L.C."	th the words "Limi	ted Liability Comp	any," the designation	n "LLC" or the	abbrevia	
nter new principal offices address, if applic	able:	8338 nw 7th St Apt 180				
rincipal office address MUST BE A STREE	T ADDRESS)	Miami, FI 33	126	6 6		
				DEC AH	- 7-1	
nter new mailing address, if applicable:	8338 nw 7th	St Apt 180	27 P	Sanjarini Sanjarini		
Mailing address MAY BE A POST OFFICE	Miami, FI 33	126	FLO N	bear and		
				3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	e stemby.	
. If amending the registered agent and/or the new registered of Name of New Registered Agent:	_	2 ;	our records, <u>ente</u>	er the name	of the	
Name of New Registered Agent.						
New Registered Office Address:	8338 nw 7th		nter Florida street d	address		
		Miami		0046	96	
	 	City	, Florida	Zip Coa		
ew Registered Agent's Signature, if changing F		•		2.10	_	

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

	<u>Name</u>	Address	Type of Actio
	/		Add Remove
			Add Remove
	Marting the later of the later		Add Remove
rennske faktorise ske			Add Remove
			Add Remove
			Add Remove
If amendir	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	

ed DEC	EnnBER 20 th , 20	<u>10</u> .	

Page 2 of 2

Filing Fee: \$25.00