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J. BRYAN

AUG -2 2011

EXAMINER

COVER LETTER

TO: Registration Section Ovision of Corporations
SUBJECT: Maximum Marine Services, LL.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Elison Name of Person
Firm/Company
6088 Dania Street Address
Jupiter, FL 33458 City/State and Zip Code Scottellison54@ 9mail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Scott Ellison at (\$61,0954) 681-6616 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \$\$30.00 Filing Fee & \tag{\$\$55.00 Filing Fee & \tag{\$\$55.00 Filing Fee & \tag{\$\$Certificate of Status & \tag{\$\$Certified Copy & \tag{\$\$Certified Cop

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



(Name of the Limited Lia	MINE -	ny as it now appears on	our records)		
(A Flo	orida Limited L	Liability Company)	our records.		
The Articles of Organization for this Limited Liabi		were filed on	7/2010	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:		32 2 D	
Ellison & Smith's Mari	ine Se	ruices. L.L	.c.	TO TO	
Ellison & Smith's Mari The new name must be distinguishable and end with th "L.L.C."	ne words "Limi	ted Liability Company,"	the designation "LI	.C" abb viation	
Enter new principal offices address, if applicable	e:	6088 Da	nia Str	eet	
(Principal office address MUST BE A STREET A	(DDRESS)	Jupiter,	FL 334	58	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	r, li				
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:					
New Registered Office Address:		 			
	Enter Florida street address				
_	, Florida				
		City	. —	Zip Code	
Now Dogistared Agent's Signature if changing Pagi	ictored Agent.	.1 .			

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.

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** ☐ Add Remove ☐ Add Remove ☐ Add Remove 7 --~~ ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member SOW
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00