## 11000013391

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B. BOSTICK

MAY - 9 2011

EXAMINER

## **COVER LETTER**

TO;.	Registration of Co		
SUBJI	ECT:	SEA OCEAN	MARINE LINES, LLC
· · · · · · · · · · · · · · · · · · ·			nited Liability Company
The en	closed Articles o	of Amendment and fee(s) are so	ubmitted for filing.
Please	return all corresp	oondence concerning this matte	er to the following:
		L	ORRIMER BURFORD  Name of Person
8495		8495	W. COMMERCIAL BLVD.
			Firm/Company
		<del>.</del>	Address
		TAMARAC, FL 33351  City/State and Zip Code	
		E-mail address:	ARIBBSHIP@AOL.COM (to be used for future annual report notification)
For fur	call:		
	WINS	TON SIMMONDS	at ( 786 ) 258.2043 [ ]
	Name	of Person	Area Code & Daytime Telephone Number
		the following amount:	
□ \$25	.00 Filing Fee	₹30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, 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

SEA OCEAN MA	RINE LINES	S, LLC.		_
(Name of the Limited Liability Comp (A Florida Limited	d Liability Compar	ny)		
The Articles of Organization for this Limited Liability Comparing Florida document numberL11000013391	ny were filed on .	FEBRUARY 1, 201	1 and	assigned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company	here:		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Co	mpany," the designation "l	LC" or t	he abbreviatio
Enter new principal offices address, if applicable:	****			
(Principal office address MUST BE A STREET ADDRESS)			AE AE	t <u>b</u>
				<b>X</b>
				30000
Enter new mailing address, if applicable:			ді. М	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
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	<del></del>		<del>Dril 3</del>	
B. If amending the registered agent and/or registered	office address of	on our records, <u>enter t</u>	he nam	e of the nev
registered agent and/or the new registered office address he	ere:			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.		Enter Florida street ada	ress	
		F3		
	City	, Florida	Zin Ci	ode

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

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>Address</u> **Type of Action** <u>Name</u> MGR LORRIMER BURFORD 8495 W. COMMERCIAL BLVD. **✓** Add TAMARAC, FL 33351 Remove ☐ Add Remove □ Add ☐ Remove Add Remove \_\_\_\_Ajdd Jr. 7 ∏Řemove DE A D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 4, Dated\_ ignature of a member or authorized representative of a member WINSTON SIMMONDS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00