

L11000032796

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2011/6/27

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.

((H11000167279 3))



H110001672793ABC1

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 : 850-517-6323

*1-800-245-6030
att: Mrs Debra*

From: Account Name : ALONSO & GARCIA, P.A.
Account Number : 1306260006031
Phone : (305) 443-3898
Fax Number : (305) 443-9673

L. SELLERS

JUN 28 2011

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

EXAMINER

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
FIRST CHOICE MARINE SUPPLY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
11 JUN 27 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 JUN 27 AM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FIRST CHOICE MARINE SUPPLY, LLC

(Name of the Limited Liability Company as it now appears on our records,
A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/17/2011 and assigned
Florida document number L11000032796

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIRST CHOICE MARINE SUPPLY OF FLORIDA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

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

FILED
JUN 27 AM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (attach additional sheets, if necessary.)

N/A

Dated JUNE 21 2011

* Mercedes Villard
Signature of a member or authorized representative of a member

MERCEDES VILLARD
Typed or printed name of signer