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SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. BOSTICK
DEC 20 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mobile Dive LLC
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:

Randall Gartland
Name of Person

Mobile Dive & Saltwater Products LLC
Firm/Company

4502 North Federal Highway Unit #335
Address

Lighthouse Point, Florida 33064
City/State and Zip Code

randall0322rg@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall Gartland at (305) 205-7006
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

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12 DEC 20 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mobile Dive LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05-04-2011 and assigned

Florida document number L11000052971

This amendment is submitted to amend the following:

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

Mobile Dive & Saltwater Products 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:

(Principal office address MUST BE A STREET ADDRESS)

4502 North Federal Highway
Unit # 335
Lighthouse Point, Florida 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4502 North Federal Highway
Unit # 335
Lighthouse Point, Florida 33064

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:

4502 North Federal Highway Unit # 335
Enter Florida street address
Lighthouse Point, Florida 33064
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

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>
MGRM	Randall Gartland	240 Golden Beach Drive	<input type="checkbox"/> Add
		Golden Beach, Florida	<input checked="" type="checkbox"/> Remove
		33160 US	
MGRM	Randall Gartland	4502 North Federal Highway	<input checked="" type="checkbox"/> Add
		Unit #335, Lighthouse Point	<input type="checkbox"/> Remove
		Florida, 33064 US	
			<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

12 DEC 20 11 AM 9:50
SECRETARY OF STATE
FALL MIAMI STATE FLORIDA

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

Dated

December 20 2012

Signature of a member or authorized representative of a member

Managing Member

Randall Gartland

Typed or printed name of signee

Managing Member

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA