

L12000011341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

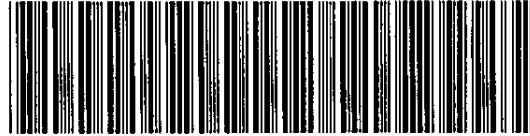
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600275044346

07/16/15--01022--014 **25.00

2015 JUL 16 P 12:47
CLERK OF STATE
TALLAHASSEE, FL 32304

FILED

JUL 17 2015

3 MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INDUSTRIAL DIVING INSTITUTE 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:

Duane C Romanello

Name of Person

Duane C Romanello, P.A.

Firm/Company

1919 Blanding Blvd

Address

Jacksonville, FL 32210

City/State and Zip Code

dromaenllo@romaenellogoode.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Duane Romanello

904 384-1441
at ()

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

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

INDUSTRIAL DIVING INSTITUTE 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 01/24/2012 and assigned
Florida document number L12000011341.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

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

City

Florida

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 605, 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
15 JUL 16 12:47
TALLAHASSEE
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Glenda F Cope	1919-3 Blanding Blvd	☐ Add
		Jacksonville, FL 32210	☒ Remove
			☐ Change
MGMBR	Timothy J Cobb	1919-3 Blanding Blvd	☒ Add
		Jacksonville, FL 32210	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2015 JUL 16 PM 4:17
 OFFICE OF THE
 CLERK OF THE
 SUPERIOR COURT
 JACKSONVILLE, FLORIDA
 RECORDED
 INDEXED

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

Signature [Signature] of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 JUL 16 PM 12:48
CLERK OF STATE
TALLAHASSEE, FLORIDA