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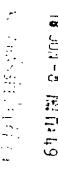
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## **COVER LETTER**

		stration Secti ion of Corpo				
CHDICC	Tr.	Name Change			<u></u>	
SUBJEC	,		Name of Limit	ed Liability Company		
			nendment and fee(s) are subn			
Please ret	turn a	all correspond	ence concerning this matter t	o the following:		
			Samuel Norton			
				Name of Person		
			SCP Maritime LLC			
				Firm/Company		
			3835 El Prado Blvd			
				Address		
			33133			
				City/State and Zip Code		
			yarivz@gmail.com E-mail address: (t	o be used for future annual re	port notification)	
For furth	er in:	formation con	cerning this matter, please ca			
Samuel N				305 4322	231  Daytime Telephone Number	<del></del>
	_	Name of P	Person	Area Code	Daytime Telephone Number	
Enclosed	l is a	check for the	following amount:			
\$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified C	of Status &

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

SCP Maritime LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 21 March 2012	and assigned
This amendment is submitted to amend the following	ţ.	
A. If amending name, enter the new name of the	limited liability company here:	
SeaChange Ship Management LLC	<u></u>	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbréviation &L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET A	DDRESS)	C1 1
Enter new mailing address, if applicable:		10 R 10 D
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
3. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>e</u> address here:	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	In
<del>-</del>	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 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

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

<u>Title</u>	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
			Add Remove Change Add Remove
			Remove
			Change
			Add
		<u></u>	□ Remove
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Effective date, if other than fan effective date is listed, the date	the date of filing: _ must be specific and car	not be prior to date of	filing or more than 90 day	ys after filing.	) Pursua	ınt to 605.	.0207
Note: If the date inserted in thi document's effective date on the	s block does not meet e Department of State	the applicable staties records.	Mory ming requiremen	is, uns date	WIII IIO	i oc nsic	.u as
ne record specifies a dela The 90th day after the	yed effective date record is filed.	e, but not an ef	fective time, at 12	:01 a.m.	on the	e earlie	er of
Dated		2018					
Jated		·					
7	Dia A C O						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00