Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255 Phone : (561)844-3700 Fax Number : (561)844-2388

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AU MARINE SERVICES LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AU MARINE SERVICES LLC	ed Lishility Company 95 it now annears	on our records.)
(Name of the State	ed Liability Company 25 it now somears (A Florida Limited Liability Company)	***************************************
The Articles of Organization for this Limited L	iability Company were filed on 04/1	9/2012 and assigned
Florida document number L12000053479	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the do	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		-3 · i
		1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		;
	+-	ـــــــــــــــــــــــــــــــــــــ
		C ⁻
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on thce address here:	our records, enter the name of the new
Name of New Registered Agent:	LAWRENCE W. SMITH, ESQUI	RE
	701 U.S. HIGHWAY ONE, SUIT	E 402
New Registered Office Address:		ida street address
	NORTH PALM BEACH	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 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

Page 1 of 3

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>	Address	Type of Action
			□ Add
			□ Кеточе
			□ Change
			Add
			Remove
			Change
			D Add
			☐ Remove
			Change
			DĀdd
-			□ Remove
			☐ Chang¢
			D Add
			□ Remove
			☐ Change
			□ Remove
	•		☐ Change

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Filing Fee: \$25.00