## L12000078980

(Requestor's Name)					
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PICK-UP WAIT MAIL					
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TÄLLAHASSEE, TLORIDA

B. BOSTICK
MAR 2 0 2013
EXAMINER

## **COVER LETTER**

SUBJECT:		NE INTERNATIONA ited Liability Company	L, LLC		
The enclosed Articles of Ar	mendment and fee(s) are su	bmitted for filing.			
Please return all correspond	dence concerning this matte	r to the following:			
		BEATRIZ REYNOSO  Name of Person			
	DONOVAN MARINE INTERNATIONAL, LLC				
	Firm/Company				
	7801 N				
	Address				
	DORAL FL 33166  City/State and Zip Code				
	Qt E-mail address:	y.donovan@gmail.com (to be used for future annual report	t notification)		
For further information con	cerning this matter, please	call:		À. 3	
	es Hurtado	at ( 305 )	423-8932		
Name of P	erson	Area Code & D	aytime Telephone Number	ANR 19 AM 8: E	( a )
Enclosed is a check for the	following amount:			<u>ت</u>	لعييدة
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	ng Fee, on	)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

DONOVAN MARINE	INTERNATIO	NAL, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appea d Liability Company)	<u>rs_on_our_records.</u> )	
The Articles of Organization for this Limited Liability Compar	ny were filed on	06/14/2012	and assigned
Florida document number L12000078980			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	<u>re</u> :	
DONOVAN INTERNA	TIONAL GROU	LLC	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			Cr. Co
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
			<i>i</i> >
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.		our records, enter	the name of the new
Name of New Registered Agent:	-	, .	<del> </del>
New Registered Office Address:			
	Er	ter Florida street add	dress
		, 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

If amending the Managers of 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 Type of Action Address <u>Title</u> Name ☐ Add ☐ Remove Remove ☐ Add Remove Remove \_\_\_\_\_\_ Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 11 2013 Dated \_\_\_\_\_

BEATRIZ REYNOSO

Typed or printed name of signee

pleumer or authorized representative of a member