# L12000 162627

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### **COVER LETTER**

TO: Registration Section Division of Corpo	rations	, , <b>«</b> ·	4. •	
SUBJECT: MO	ERN MA Name of Limi	ARINE 'L ted Liability Company	LC	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	o the following:		
	STEPH	Name of Person	BOTT	
		Firm/Company		
	211 MA	HJORCA Address	RO	
	ST AU HENRY (	City/State and Zip Code  Obe used for future annual re	FL 32080 A. COM	
For further information cond	eerning this matter, please ca	ll:	,	
STEPHEN Name of Po	A BBOTT	at (904)	771 - 7061 Daytime Telephone Number	<del></del>
Enclosed is a check for the	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate o Certified Co (additional copy	f Status & Py

#### 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

MODERN MARINE LLC

(Name of the Limited Liab) (A Flori	da Limited Lia	pility Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number L\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ere filed on <u>AUG</u>	15T 9,201	2 and assigned	I
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabilit	y company here:			
The new name must be distinguishable and end with the words "I	Limited Liabilit	y Company," the design	ation "LLC" or the a	bbreviation "L.L.C."	<del>.    </del>
Enter new principal offices address, if applicable:	-		AJORCI		
(Principal office address MUST BE A STREET ADD	ORESS)	ST AUGU	STINE +	FL 3208	<u> එට</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	- - -	211 MA ST AUG	JORCA USTINE	RD FL 3708	<u>30</u> —
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ee address on our	records, enter	the name of th	<u>ie new</u>
Name of New Registered Agent: 5	TE PI	HEN A	BBOTT	;; Š	
New Registered Office Address: 2	<u> </u>	AHJORCA  Enter Florida str	RP eet address		<del></del>
51	- Aug	USTINE	, Florida	37080 Zin 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 Ghanging/Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	ıthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	STEPHEN ABBOTT	II	Add
			Remove
MGRM	STEPHEN ABBOTT	211 MAJORCA RO	<b>i5</b> ⁄Add
		5T. ANGUSTINE FL 320	<i>80</i> □ Remove
<del></del>			□ Add
			Remove
			Add
			□-Remove
		<u> </u>	
			LJ Add : `
			□ Remove
			□ Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets	, if necessary.)
NA	
, , ,	
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	_ <b>(optional)</b> 90 days after
Dated AUGUST 10, 2014.	
In hall both	
Signature of a member or authorized representative of a member	
STERHEN! ARROTT	

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Filing Fee: \$25.00