L12000132508

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·····
(Cit	ty/State/Zip/Phone	e #)
	WAIT	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





300270511323

300270511323 03/30/15--01021--004 **25.00



APR 20 2015

S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: Total Marine Constructi Name of Limited Liability Company	on CLC	
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
William Hollow Name of Person	ay	
Name of reason		
Total Warine Con &	struction	
18633 92nd Lane		
Address	33 6	
Loxahatchee FL ?		
City/State and Zip Cod	e vi	
E-mail address: (to be used for future annual	eo.com	
	a report notification)	
For further information concerning this matter, please call:		
Name of Person Holloway at (954) Area Code	Daytime Telephone Number	
Enclosed is a check for the following amount:		
Ճ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee	. & □ \$60.00 Filing Fee,	
Certificate of Status Certified Copy (additional copy is e	Certificate of Status &	
MAILING ARDDESS. CTRES	CT/COURTER ADDRESS.	
Registration Section Registr	ET/COURIER ADDRESS: ation Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 E	xecutive Center Circle ssee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Total Marine	Construction U	LC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1200137508	were filed on 10 17 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lial		
Enter new principal offices address, if applicable:	18633 92nd (are North
(Principal office address MUST BE A STREET ADDRESS)	Loxahatchee	FL 33470
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	·
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	25 S
	. Florid	18
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
		<u></u>	☐ Remove
			Add
			☐ Remove
			75 Add 7 Add 30 Remove 5. 2
			Remove
			5: 25
			□ Add
			☐ Remove
			□ Add
,			☐ Remove
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Please change the percontage of owner	ship
as follows:	
Bobby JmcIntosh 1%	
William H Holloway 99%	
. Effective date, if other than the date of filing: (optional)	
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated March 34, 2015.	
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member With what Hollo with Typed or printed name of signee	
Typed or printed name of signee	
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Page 3 of 3

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û: 52

Filing Fee: \$25.00

Detail by Entity Name

Florida Limited Liability Company

TOTAL MARINE CONSTRUCTION LLC

Filing Information

Document Number

L12000132508

FEI/EIN Number

38-3888978

Date Filed

10/17/2012

State **Status** FL

ACTIVE

Last Event

LC AMENDMENT

Event Date Filed

09/26/2014

Event Effective Date

NONE

Principal Address

18633 92ND LANE NORTH LOXAHATCHEE, FL 33470

Changed: 09/26/2014

Mailing Address

18633 92ND LANE NORTH LOXAHATCHEE, FL 33470

Changed: 09/26/2014

Registered Agent Name & Address

HOLLOWAY, WILLIAM HMR. 16280 EAST AINTREE DR loxahatchee, FL 33321

Address Changed: 04/14/2013

Authorized Person(s) Detail

Name & Address

Title MGRM

MCINTOSH, BOBBY J 16280 EAST AINTREE DR LOXAHATCHEE, FL 33470

Title MGRM

HOLLOWAY, WILLIAM H 8202 NW 91 AVE TAMARAC, FL 33321

Ally- 99% Joe- 1%

13:11 New ADDI-S-750 SW 11 TK CT Derfield Brack, FC JJ491

