

L130000012048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

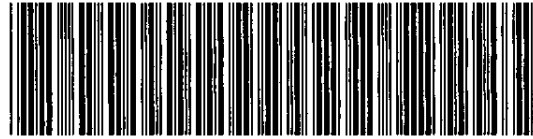
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Quinn FEB - 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OILSPILL PRO, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN B. GALLAGHER, ESQ.

Name of Person

JOHN B. GALLAGHER, P.A.

Firm/Company

2631 East Oakland Park Boulevard, STE 201

Address

FORT LAUDERDALE, FL 33306

City/State and Zip Code

GAL2701@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN B. GALLAGHER

Name of Person

at 954 524-1888

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

FILED
2013 FEB -6 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OILSPILL PRO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 23, 2013 and assigned
Florida document number L13000012048.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

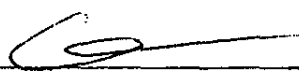
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HENDRIK SIENEMA	401 LAS OLAS BOULEVARD	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
MGRM	WILLIAM BECKER	103400 OVERSEAS HWY	<input type="checkbox"/> Add
		SUITE 227	<input checked="" type="checkbox"/> Remove
		KEY LARGO, FL 33037	
MGRM	CRAIG S. SIENEMA	401 LAS OLAS BOULEVARD	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
MGRM	Michael Christopher Unger	103400 OVERSEAS HWY	<input checked="" type="checkbox"/> Add
		SUITE 277	<input type="checkbox"/> Remove
		KEY LARGO, FL 33037	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 1/29/2013



Signature of a member or authorized representative of a member

CRAIG S. SIENEMA

Typed or printed name of signee

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