## L13000048338

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section
Division of Corporations

ON COURSE TRANSPORT, 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:

E. Clayton Yates

Name of Person

Yates & Mancini

Firm/Company

112 Orange Ave

Address

Fort Pierce, Florida 34950

City/State and Zip Code

clay@yatesandmancini.com

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

For further information concerning this matter, please call:

Clay Yates

772,465-7990

Name of Person

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 JUL 26 PM 1: 51

SECRETARY OF STATE. FALL-FAMASSEE, PLORIDA

## ON COURSE TRANSPORT, 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 L. Florida document number L1300048338	3 and assigned		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
USA Marine Training, LLC			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limit	ted Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	no change	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	no change	
B. If amending the registered agent and/registered agent and/or the new registered of			ords, enter the name of the new
	no change		
New Registered Office Address:		Enter Florid	da 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** no changes Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1/20/2012
Dated_	Tring at , 2015.
	Signature of a member or authorized representative of a member
	E. Clayton Yates, authorized representative of Britt Reynolds, Mgi
	Typed or/printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00

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