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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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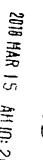




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M LAHASSEE, FLORID*I*



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	CT: Source Marine Serv. L.L.C. Name of Limited Liability Company	
The en	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Name of Person	
	Firm/Company	
	Address	
	City/State and Zip Code	
	E-mail address; (to be used for future annual report notification)	
For fur	ner information concerning this matter, please call:	
<u>Jei</u>	Name of Person at (321) 271-6937 Area Code Daytime Telephone Number	
	1 is a check for the following amount: 00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy	

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

Source Marine (Name of the Limited Liability Company)	Serv L.L.C.
(Name of the Limited Liability Compai (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13 000064895</u> .	were filed on $05/01/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil:	ity Company," the designation "L.L.C." 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 of registered agent and/or the new registered office address here	——————————————————————————————————————
Name of New Registered Agent: Jah	ziel Pineiro
New Registered Office Address:	L.C. 18
	Enter Florida street address
	, Florida Single On Single
	City Stip Code
New Registered Agent's Signature, if changing Registered Agent:	97 0 (

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGMR	Jesse Pineuro		Add
	Sama Person		Remove
	Same Person Jahziel is his legal name Jahziel Pineiro		Change
MCMR	Jahziel Pineiro		
			Remove
			Change
			Add
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Filing Fee: \$25.00