

L13000083197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100248399781

06/17/13--01026--010 \*\*25.00

FILED  
2013 JUN 17 AM 8:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
JUN 18 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JMC Marine USA 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:

Robert Julien

Name of Person

Firm/Company

1601 N Ocean Blvd

Address

Gulf Stream, FL 33483

City/State and Zip Code

bobbyjulien@mac.com

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

For further information concerning this matter, please call:

Robert Julien

Name of Person

at ( 561 ) 722-1891

Area Code & Daytime Telephone Number

2013 JUN 17 AM 8:20  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FILED

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**

**JMC MARINE USA 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 June 10, 2013 and assigned  
Florida document number L13000083197.

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*

*City*

*, Florida*

*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>
MGR	Howard Erbstein	3288 Gulf Stream Rd	<input checked="" type="checkbox"/> Add
		Gulf Stream, FL 33483	<input type="checkbox"/> Remove
MGR	Robert Julien	1601 N Ocean Blvd	<input type="checkbox"/> Add
		Gulf Stream, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2013 JUN 17  
4PM 3:20  
CLERK OF DISTRICT COURT  
DADE COUNTY FLORIDA

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

---

---

---

---

---

Dated June-13, 2013

Signature of a member or authorized representative of a member

Robert Julien

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JUN 17 AM 8:20

CLERK OF STATE  
TALLAHASSEE, FLORIDA