

L13000088159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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2013 JUL 12 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUL 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Okeechobee Marine Services 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:

Jerry Mitchell IV

Name of Person

Lake Okeechobee Marine Services LLC

Firm/Company

4611 Saxon Drive

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

JerryMitchell4th@yahoo.com

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

For further information concerning this matter, please call:

Jerry Mitchell IV

Name of Person

at (845 242-6134)

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

2018 JUL 12 AM 11: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOWBOAT U.S. OKEECHOBEE 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 19 June 2013 and assigned
Florida document number L13000088159.

This amendment is submitted to amend the following:

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

Lake Okeechobee Marine Services LLC

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:

4611 Saxon Drive

(Principal office address MUST BE A STREET ADDRESS)

New Smyrna Beach, FL 32169

Enter new mailing address, if applicable:

4611 Saxon Drive

(Mailing address MAY BE A POST OFFICE BOX)

New Smyrna Beach, FL 32169

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:

No change

New Registered Office Address:

No change

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

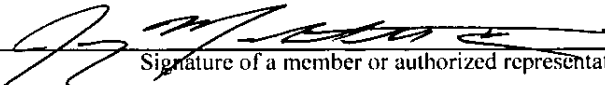
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	No change		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated _____, _____.


Signature of a member or authorized representative of a member
Jerry Mitchell IV
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA