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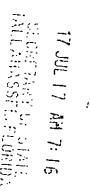
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COVER LETTER

Division of Corporations
SUBJECT: DANIEL J. MARINE Name of Limited Liability Company
, and we demand a sample.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
DANIEL J. MARINE IL
Firm/Company
749 W NEX DEVE
Address
lake Pack FL 35403
City/State and Zip Code
City/State and Zip Code City/State and Zip Code Compared March NER GUARD COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVIEL MARINE at (SY) 248-7817 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 **ARTICLES OF ORGANIZATION** OF

DAVIEL J. MARINE 11C

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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 of registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, re:	enter the name of the new
New Registered Office Address:	Enter Florida street address	S 2 2
	, Flor	ida 🚉 😤
	City	S Zip Lode
New Registered Agent's Signature, if changing Registered Agent	:	57 6

Thereby 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>	Address	Type of Action
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			Change
			
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			Change
			Add
			□ Remove
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Filing Fee: \$25.00