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2014 JAN 23 PM 1: 5

JAN 2 8 2013 **T. HAMPTON** 

# **COVER LETTER**

Division of Corporations
SUBJECT: Diversified Marine Products, 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:
Chris Murtha Name of Person
Chris Murtha Accounting & Tax
2800 Placida Rd., Ste 102
Englewood, FL 34224 City/State and Zip Code
Johnston @ ewol. com  JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Murtha at (941) 828-1280  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\subset} \te

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

Diversified Mo		<u>LC</u>
(A Flo	bility Company as it now appears on o rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L 13 000 13</u>	lity Company were filed on $9/3$ $6898$	7/2013 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Supreme Mar The new name must be distinguishable and end with the "L.L.C."	ine of SLUF, Le words "Limited Liability Company," the	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	PILE PM
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re address here:	در ، سم
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	prida street address
	Emili I K	
_	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  $60 \le F.S.$  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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remove
<del></del>			Add
			Remove
			Add
			SECRETARY
		######################################	* 23 F 23
			SECKETARY OF STATE Remove
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			Add
			Remove
			Keniove

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del>. —</del>	
 nted <u>Z</u> é	January, 2014.
	SO-RIHI
•	Signature of a member or authorized representative of a member
	EDWIN B JOHNSTON
=	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN 23 PH 13 57
SECRETARY OF STATE TALLAHASSEE, FLORIDA