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ECRETARY OF STATE

COVER LETTER

TO:		tration Section on of Corporations		
CUD IE		Online Marine Services LLC		
SUBJEC	C1: _	Name of Limited Liability Company		
The encl	losed A	Articles of Amendment and fee(s) are submitted for filing.		
Please re	eturn al	Il correspondence concerning this matter to the following:		
		Sharon L. Owens		
		Name of Person	-	
		Online Marine Services LLC DBA Thrusters Online		
		Firm/Company		
		7122 NW 45th Ave.		
		Address	-	
		Coconut Creek, FL 33073		
		City/State and Zip Code		
		Sales @ thrustersonline. com E-mail address: (to be used for future annual report notification)	2015	-
For furth	aer info	ormation concerning this matter, please call:	2015 SEP 21	
Sharon I	L. Owe	ens 561 302-3277 at ()	>	
<u> </u>		Name of Person Area Code Daytime Telephone Number		- 0
Enclosed	d is a c	heck for the following amount:		
- ⊡ - \$25.	.00 Fili	ing-Fee	ite of S Copy	Status &

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

Online Marine Services LLC		
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Li	ability Company were filed on $\frac{01}{100}$	doz/2014 and assigned
Florida document number L14000000585	······································	·
This amendment is submitted to amend the follow	owing:	
A. If amending name, enter the new name of	the limited liability company h	ere:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the c	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address on	Our records, Enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	7122 NW 45th Ave.	
	Enter Flor	ida street address
	Coconut Creek	, Florida ³³⁰⁷³
	Ciry	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 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
AMBR	Stephen B. Owens	7122 NW 45th Ave.	
		Coconut Creek, FL 33073	Remove
			☐ Change
			☐ Add
		•	□ Remove
			Change
			□ Add
			□ Remove
		*	☐ Change
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lf an ef Note:	tive date, if other than the date of filing: fective date is listed, the date must be specific and cans If the date inserted in this block does not meet ment's effective date on the Department of State	the applicable	ate of filing or mo statutory filing	ore than 90 days a	p tibnal if t∈t fi ing	.) Eursuant	to 605.0207 (3 be listed as th
he re	cord specifies a delayed effective date 90th-day-after the record is-filed.	, but not ar	n effective ti	me, at 12:0	1 a.m.	on the e	earlier of:
	September 16 20)15					
Dated							
Dated	Sawu L Duve Signature of a month	ber or authorized	d representative	of a member	~		

Page 3 of 3

Filing Fee: \$25.00