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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 MAY 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TARPON LOGISTICS GROUP, 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:

RON NEWMAN

Name of Person

UNISHIPPERS

Firm/Company

P.O. BOX 1560

Address

MELBOURNE, FL 32902

City/State and Zip Code

RON.NEWMAN@UNISHIPPERS.COM

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

For further information concerning this matter, please call:

RON NEWMAN

Name of Person

at (321) 223-8251

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

TARPON LOGISTICS GROUP, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following: *MGRM TO ADD AND REMOVE*

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RON NEWMAN	2004 GRANT PLACE MELBOURNE, FL 32901	☐ Add ☒ Remove
MGRM	MITCH GREENBERG	2004 GRANT PLACE MELBOURNE, FL 32901	☐ Add ☒ Remove
MGRM	MANATEE MANAGEMENT AND MARKETING, INC	2004 GRANT PLACE MELBOURNE, FL 32901	☒ Add ☐ Remove
MGRM	STINGRAY SALES GROUP, INC	990 E MELBOURNE AVE MELBOURNE, FL 32901	☒ Add ☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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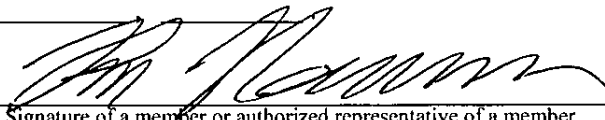
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

5/16/14



Signature of a member or authorized representative of a member

RON NEWMAN

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA