## 614000150758

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## **COVER LETTER**

	istration Se sion of Cor				
	Ship to S	Share Dustless Blastin	g, LLC	•	
SUBJECT:	·	Name of Lit	nited Liability Company		
		Amendment and fee(s) are su	_		
Please return	an correspo	ndence concerning this matter	r to the following:		
		Laura DeStasio			
,		-	Name of Person	<del></del>	
		Ship to Shore Dust	ess Blasting, LLC		
•		· · · · · · · · · · · · · · · · · · ·	Firm Company		0.41 14.0
		10906 54th Avenue	North		- 6 No.
			Address		14 OCT 20
		Saint Petersburg, F	L 33708		2 A
			City/State and Zip Code	<u> </u>	
		shiptoshoredustless(	@gmail.com to be used for future annual report no	tification)	STATE 1:38
For further int	ormation co	oncerning this matter, please of	•		
Laura DeS			727 215 481	0	_
	Name of	Person	Area Code Daytir	ne Telephone Number	_
Enclosed is a	check for the	e following amount:			٠
\$25.00 Fil	ing F <del>cc</del>	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &
**	MAILI	NG ADDRESS:	STREET/COUR	IER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ship To Shore Dustless Blasting, LL		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records. mited Liability Company)	)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L14000150758</u>	npany were filed on 9/26/14	and assigned
This amendment is submitted to amend the following:		_
A. If amending name, enter the new name of the limited	l liability company here:	·
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
		26 9
		S 20
Enter new mailing address, if applicable:		ma to see
, ,		TO TO
(Mailing address MAY BE A POST OFFICE BOX)		RID S
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 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 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>	Address	Type of Action
Mgr	Laura DeStasio	10906 54th Avenue North, St. Pe	etersburç ■ Add
			☐ Remove
			Add .
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			Add 14 OC 20 PA
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e effective date must be specific, cannot e date this document is filed by the Flori ted October 20	be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)  , 2014
e date this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more than 90 days after

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