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J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ster Hook Touring 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:
John Daves Name of Person
SUBJECT: STiver Hook Towing 11.C 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: John Daves
Po Box CoE 26 a 6 Address
Orlando FL 32818 City/State and Zip Code
E-mail address: (46 be used for future annual report notification)
John Daile 5 Name of Person at (467) 341 8 65 6 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & \Certified Copy & Certificate of Status & \Certified Copy & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 19/08/2014	and assigned
Florida document number <u>L/400/57297</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Silver Hook Towing LLC The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
		<u> </u>
B. If amending the registered agent and/or registered of		er the name of the new
registered agent and/or the new registered office address here	•	~~.:
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
· · · · · · · · · · · · · · · · · · ·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		5
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I an rovided for in Chapter 605, F.S. C	n familiar with and Pr, if this document is
being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	address, I hereby confirm that the	limited liability

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 **Title** <u>Name</u> **Address Type of Action** _ Add _□ Remove _□ Change □ Add _□ Remove _□ Change _ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add

☐ Remove

☐ Change

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Filing Fee: \$25.00