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PICK-UP	☐ WAIT	MAIL MAIL
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT: Silver	Hook Towing Name of Limi	LLC ted Liability Company	<del></del>	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	John Dale	S Name of Person		
	Silver Hook	Firm/Company		
	10 Rox (82)	(o Q (o Address		
	Oslando FL	Sale & Sity/State and Zip Code		
-	Silverhooleta E-mail address: (t	o be used for future annual report notifi	cation)	
For further information conc	erning this matter, please ca	dl:	OTO HAP	
Name of Pe	rson	at (40) 3L)   80	SECRETAR OF STATE ALLAHASSEE FLORIC	
Enclosed is a check for the fo	ollowing amount:		NIO U	
\$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/8/14 and assigned Florida document number 1/4000157 257.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  Silver Hook towing transport LLC  The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter 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 S Florida
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and carnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a socuremen's effective date on the Department of State's records.  The 90th day after the record is filed.  Signature of a member or authorized representative of a member	_		nformation, ent						
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Filing Fee: \$25.00