

L14000184387

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000325005 3)))



H180003250053ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: paulmfward@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRIDENT MARINE SALVAGE, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

T. CLINE
NOV 14 2018
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trident Marine Salvage 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:

Kalpesh J. Patel

Name of Person

FL Patel Law PLLC

Firm/Company

360 Central Avenue Floor 800

Address

Saint Petersburg, Florida

City/State and Zip Code

kalpesh@flpatellaw.com

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

2018 NOV 13 PM 12:38

FILED

RECORDS SECTION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kalpesh J. Patel at 727 279-5037
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Trident Marine Salvage LLC

(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 November 20, 2014 and assigned
Florida document number L14000184387.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

Paul Michael Ward

New Registered Office Address:

250 15th Avenue South

Enter Florida street address

Saint Petersburg

Florida 33701

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Viorel Doni Iosipan	250 15th Avenue South	<input type="checkbox"/> Add
		Saint Petersburg, Florida 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ana E Iosipan	250 15th Avenue South	<input type="checkbox"/> Add
		Saint Petersburg, Florida 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul Michael Ward	250 15th Avenue South	<input checked="" type="checkbox"/> Add
		Saint Petersburg, Florida 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 NOV 13 PM 12:09
CALIFORNIA SEC. OF STATE

FILED

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 NOV 16 PM 12:39
LAHASSLEE, FL ORND

三

E. Effective date, if other than the date of filing: November 3, 2018 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 8, 2018

[Signature] _____

Signature of a member or authorized representative of a member

Paul Michael Ward

Typed or printed name of signee