

U500083905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

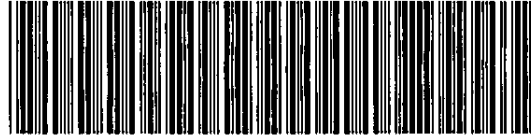
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279418266

11/24/15--01027--004 **25.00

FILED
15 NOV 24 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P3 FLEET MARINE, 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:

CHRISTINA SHAFER

Name of Person

P3 FLEET MARINE, LLC

Firm/Company

1000 RIVERSIDE AVENUE SUITE 602

Address

JACKSONVILLE, FL 32204

City/State and Zip Code

Cshafer@summit-contracting.com

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

FILED
15 NOV 24 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christina Shafer

904

265-4170

Name of Person

at ()
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

P3 FLEET MARINE, 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 May 12, 2015 and assigned
Florida document number L15000083905.

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)

1000 RIVERSIDE AVENUE

SUITE 602

JACKSONVILLE, FL 32204

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 RIVERSIDE AVENUE

SUITE 602

JACKSONVILLE, FL 32204

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

_____, Florida _____
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	NICOLE S. PADGETT	1000 RIVERSIDE AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 602	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32204	<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
			<input type="checkbox"/> Add
			<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


SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 NOV 26 11:00 AM
 FED

15 NOV 26 PM 4:
SECRETARY OF STATE
-ALLAHASSEE, FLOR-

FILED
15 NOV 26 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated 11/23/15, _____.



Typed or printed name of signee