## LIGOOO 30228

(Red	questor's Name)	
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(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

DIVISIO	on or Corp	orations			
SUBJECT:	ederated M	laritime, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed A	rticles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all	l correspor	ndence concerning this matter	to the following:		
		Christopher Sedlacek			
			Name of Person		
			Firm/Company	<del></del>	
	5030 Champion Blvd., Ste. G11-230				
		Boca Raton, FL 33496	Address		
		sedlacekc@outlook.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report notification	<u>(n)</u>	
For further info	rmation co	ncerning this matter, please ca	all:	•	
Christopher Sec			305 778-1099 at ()	2016 SED TALLU	
	Name of		Area Code Daytime Tele	phone Number AHAS SET	
		e following amount:			
\$25.00 Filir	ig 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)	المسينة

TO:

**Registration Section** 

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

FEDERATED MARITIME, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L16000030228		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty 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 offic	ce address on our records, e	enter the name of the no
registered agent and/or the new registered office address here:	•	•
Name of New Registered Agent:		78. 201
New Registered Office Address:	Enter Florida street address	TO 55
·	, Florid	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree		
provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro		
being filed to merely reflect a change in the registered office ac		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
AMBR	Christopher Sedlacek	5030 Champion Blvd., Ste. G11-23	Add
			■ Remove
			Change
AMBR	Lena Piazza	5030 Champion Blvd., Ste. G11-23	Add
			■ Remove
			☐ Change
AMBR	Republic Maritime, LLC	5030 Champion Blvd., Ste. G11-23	■ Add
	<b>,</b>		□ Remove
		<u> </u>	Change
AMBR	Aquamarine Shipping Partners, LL0	4303 Diamond Terr, Weston, FL 33	Add
			□ Remove
			Change  Add  Change  Add  Change  Add
			□ Remove
		· .	□ Change

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(1.214)(1.45)	F.1	2017		
Signature of a member of authorized representative of a member	Dated			
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	· 1	Signature of a member or authorized represen	ntative of a member	
	Christopher Sedlacek	Typed or printed name of sig		

Page 3 of 3

Filing Fee: \$25.00