Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

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: (323) 962-3889 Fax Number

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CH MARINE CONSULTANCY, LLC

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SECOND REQUEST

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Corporate Filing Menu

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## **COVER LETTER**

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and the sector was	CH Marine	Consultancy, LLC		
SUBJECT:		Name of Lim	ited Liability Company	to principle state the company of the state of the company and
The enclosed	d Articles of A	Amendment and fee(s) are sub	unitted for fiting.	
Please return	all correspor	dence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	And the state of t
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11tl	h Floor	
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For further in	nformation co	ncerning this matter, please co	all:	
Imelda Vas	quez		800 773-0888 ex	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:	e e	
□ \$25.00 F	iling 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

CH Marine Consultancy, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L16000094378			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2327 South Dock St.		
Principal office address MUST BE A STREET ADDRESS)	Palmetto, Florida 34221		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
<ol> <li>If amending the registered agent and/or registered of registered agent and/or the new registered office address here</li> </ol>	fice address on our records, enter the name of the ne		
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

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	Address	Type of Action  Add  Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	":
5 MS 06 () 1 ( ) 0 () () () 1 ( ) 0 () 1	
C. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
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