

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|--|
| SUBJECT: USAC | OASTAL MARINE, LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | JOHN F. MAR | · · · · · · · · · · · · · · · · · · · | |
| | | Name of Person | |
| | | Firm/Company | |
| | 10773 70TH A | √E | |
| | · · · · · · · · · · · · · · · · · · · | Address | 100 p g 4 mg p p p p |
| | SEMINOLE, FL | | |
| | | City/State and Zip Code | 281 |
| | johnFmartin103 | 1@yahoo.com to be used for future annual report notific | cation 2 |
| For further information | concerning this matter, please e | · | ZEILE SEP 16 T |
| JOHN F. MAF | RTIN | ₃₁₇ 727 \ 744-310 | 4 Internal Contraction |
| Name | of Person | Area Code Daytime | Telephone Number 20 12 |
| Enclosed is a check for | the following amount: | | A STATE OF THE STA |
| X \$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, F1. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| USACOASTAL MARINE LLC | | |
|--|---|-------------|
| (Name of the Limited Li (A Fi | ability Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number <u>L16000141768</u> This amendment is submitted to amend the following | • | |
| | enter the new name of the limited liability company here: Iguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Fices address, if applicable: Is MUST BE A STREET ADDRESS) Iress, if applicable: BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new | |
| 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 A | DDRESS) | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ne new |
| Name of New Registered Agent: | | |
| New Panistand Office Address | | |
| New Registered Office Address: | Enter Floridu street address | |
| _ | , Florida 67.25 | |
| | City Zip Code | |
| New Registered Agent's Signature, if changing Regi | stered Agent: | - |
| provisions of all statutes relative to the proper caccept the obligations of my position as register | gent and agree to act in this capacity. I further agree to comply wind complete performance of my duties, and I am familiar with an red agent as provided for in Chapter 605, F.S. Or, if this document istered office address, I hereby confirm that the limited liability inge. | d |

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> | Type of Action |
|--------------------------|-----------------|----------------|--|
| MGRM | MARTIN GARRISON | | ■ Add |
| | | | □ Remove |
| | | | Change |
| AMBR | MARTIN, DAVID | | Add |
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| Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of | this block does no | t meet the applic | able statutory fili | nore than 90 days afte | | | |
| the record specifies a d) The 90th day after t | | d. | | time, at 12:01 | a.m. on | the earli | er of: |
| Dated Van Fine | or and | _, 2016 | · | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00