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(Re	questor's Name)	<u></u>
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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D. SCOTT JAN 1 1 2017

COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

, Division of Co	rporations	•	
SUBJECT:	MARINE DIESEL REPAIR	S, LLC	
	Name of Lin	nited Liability Company	
			•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LEONARDO A	AVILA	
		Name of Person	
	MARINE DIESE	L REPAIRS, LLC	
		Firm/Company	
	OOO N OOTH CTD.		
	800 N 29TH STR	Address	
	HOLLYWOOD, FL		
	. =	City/State and Zip Code	
	LEO@LIMARINEDII E-mail address:	ESEL.COM to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
	5		
SIURIS CASTELLANO		at (<u>954</u>) <u>456-4595</u>	<u> </u>
. Name o	of Person	Area Code Daytime	Telephone Number
			is in the second second
Enclosed is a check for t	he following amount:		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & O Certified Copy (additional copy is enclosed)
			70: 21 20: 21
MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

MARINE DIESEL REF	PAIRS, LLC	
(Name of the Limited I (A I	Jiability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liabi	• • • • • • • • • • • • • • • • • • • •	and assigned
Florida document numberL16000203733	.	
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Estaer Provincia Street duaress	
_	, Flo	rida
	City	Ziji Civac

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR LEONARDO AV	LEONARDO AVILA	800 N 29TH AVENUE	
		HOLLYWOOD, FL 33020	□ Remove
			Change
AMBR IVIS AVILA	IVIS AVILA	800 N 29TH AVENUE	Add
	÷	HOLLYWOOD, FL 33020	□ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			□ Change
		·	Remove
			GAdd - 9 Change
			FILED DRemove
			- Remove
			□ Change 2

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Effectiv (If an effective Note: It document	e date, if other than the date tive date is listed, the date must be s if the date inserted in this block on this effective date on the Depart	e of filing: pecific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requiremment of State's records.	(optional) days after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as the
he reco The 9	rd specifies a delayed eff Oth day after the record	ective date, but not an effective time, at 1 is filed.	12:01 a.m. on the earlier of:
Dated	JANUARY 5TH	, 2017	
		Allo	₹'o> =
		ature of member or authorized representative of a membe	Pi
	Sign	ature of Amember or authorized representative of a membe	
	L	EONARDO AVILA	SSECOND PA
		Typed or printed name of signee	THE REPORT OF
			2 ST
		Page 3 of 3	温温 2

Filing Fee: \$25.00