L16000 229 542

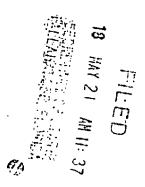
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

то:	Registration Sec Division of Corp	tion porations
cunit		Marine Fabrications LLC
SUBJE	.CI:	Name of Limited Liability Company
The end	closed Articles of A	Amendment and fee(s) are submitted for filing.
Please	return all correspor	idence concerning this matter to the following:
		Richard Ragozzino
		Name of Person
		A1 Marine Fabrications LLC
		Firm/Company
		240 SW 30TH ST, BAY 15
		Address
		Fort Lauderdale, FL 33315
		City/State and Zip Code
		rragozzino66@gmail.com
		E-mail address: (to be used for future annual report notification)
For fur	ther information co	ncerning this matter, please call:
Richar	d Ragozzino	954 549-3116
	Name of	Person Area Code Daytime Telephone Number
Enclose	ed is a check for the	e following amount:
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

A1 Marine Fabrications LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>v</u>)
The Articles of Organization for this Limited Liability Florida document number L16000229542	Company were filed on 12/20/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	100 日 一
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	" or the abbreviation "LataC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		99
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	e e
	Emer r tortua Mreet aaares:	,
		orida
	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>	Address	Type of Action
coo	Charles Jones	240 SW 30TH ST	= Add
		BAY 15	☐ Remove
		Ft Lauderdale, FL 33315	☐ Change
			□ Remove
			Change
		<u> </u>	Add
			Remove Remove Change
			<u>∉∧</u> □ Remove
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			Add
			□ Remove
			□ Change

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ective date, if other than the date of filing:	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: 1 If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.0. y filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ed	
Richard Stagszino Mighature of a member or authorized represe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



May 23, 2018

KEVIA YOUNG 1026 W CENTRAL BLVD ORLANDO, FL 32805

SUBJECT: CENTRAL DISTRIBUTORS LLC

Ref. Number: L18000049512

We have received your document for CENTRAL DISTRIBUTORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

PAGE 3 IS MISSING.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 318A00010758