

L17000108528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

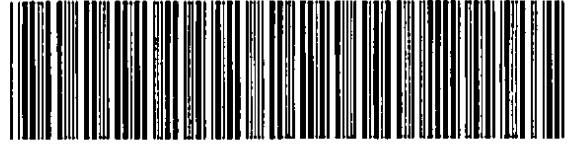
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600338300546

12/23/19--01012--003 **25.00

FILED
19 DEC 23 AM 9:40
SECURITY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T & C MARITIME, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA BENNETT

Name of Person

LAW OFFICES OF THERESA BENNETT

Firm/Company

500 SE 17th STREET, SUITE 323

Address

FT. LAUDERDALE, FL 33316

City/State and Zip Code

tb@theboatlawyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA BENNETT

954 463-4700

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

T & C MARITIME, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/16/2017 and assigned
Florida document number L17000108528.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

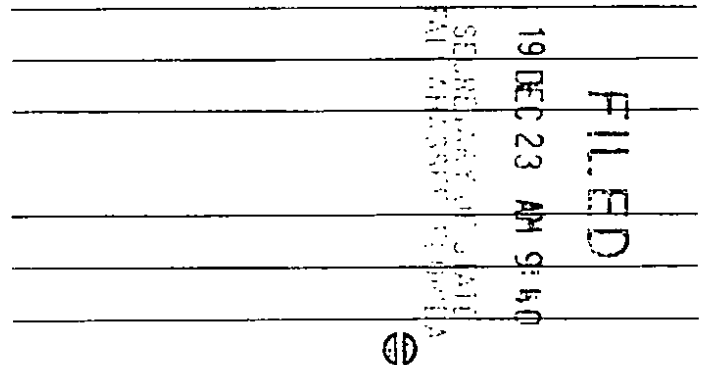
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL A MACCORMACK	7628 GREENBRIER CIR	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS MOIR	P.O. BOX 2157	<input type="checkbox"/> Add
		DARTMOUTH, NOVA SCOTIA, CA	<input checked="" type="checkbox"/> Remove
		BZW6B-2 CA	<input type="checkbox"/> Change
MGR	CHRISTINA MOIR	P.O. BOX 2157	<input type="checkbox"/> Add
		DARTMOUTH, NOVA SCOTIA, CA	<input checked="" type="checkbox"/> Remove
		BZW6B-2 CA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amendments.

FILED
19 DEC 23 AM 9:40
CLERK, DEPT. OF STATE
HALL, 1700 ST. PETER ST.

E. Effective date, if other than the date of filing: DECEMBER 11, 2019 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 11, 2019.

[Signature]
Signature of a member or authorized representative of a member
CHRISTINA MOIR, Manager
Typed or printed name of signer