

L17000134425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

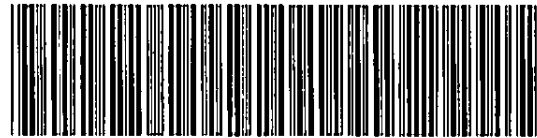
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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08/04/17--01023--028 \*\*52.50

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17 AUG 21 PM 2:29  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2017

JEREMIAH LONG  
5019 27TH AVE S  
#B  
GULFPORT, FL 33707

SUBJECT: CUSTOMER MARINE GROUP, LLC  
Ref. Number: L17000154425

We have received your document for CUSTOMER MARINE GROUP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 917A00016474

RECEIVED  
2017 AUG 21 AM 10:28  
BUREAU OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Custom Marine Group, LLC  
5019 27<sup>th</sup> Ave S. #B  
Gulfport, FL 33707  
315-729-4134

08/01/2017

To Whom It May Concern,

Enclosed is our effort to correct the recently filed name of our limited liability corporation.

On July 19<sup>th</sup> 2017, Legalzoom incorrectly filed the name "Customer Marine Group" on our behalf. The proper name should be; "Custom Marine Group, LLC". Please find the included documentation and fee to effect this change.

Our document number: L17000154425

Our EIN: 82-2218736

Florida Partner ID: 523145-5

Any questions can be answered via phone at 315-729-4134 or via email at [custommarinerigging@gmail.com](mailto:custommarinerigging@gmail.com).

And a big thank you for the help in getting this done,

Jeremiah Long



President

RECEIVED  
2017 AUG 10 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Custom Marine Group 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:

Jeremiah Long  
Name of Person

Custom Marine Group LLC  
Firm/Company

5019 27<sup>th</sup> Ave S. #B  
Address

Gulfport, FL 33707  
City/State and Zip Code

custommarinerigging@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremiah Long at (315) 724-4134  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Customer Marine Group, 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 7-19-17 and assigned  
Florida document number L17000154425.

This amendment is submitted to amend the following:

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

Custom Marine Group LLC

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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.*

  
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> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Change |

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07 AUG 21 PM 2:30  
DIVISION OF CONSUMER AFFAIRS

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

17 AUG 21 PM 2:30  
DIVISION OF CONSTITUTIONS

**FILED**

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 8-17-17

Signature of a member or authorized representative

Jeremiah Long  
Typed or printed name of signer