

L19000151211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

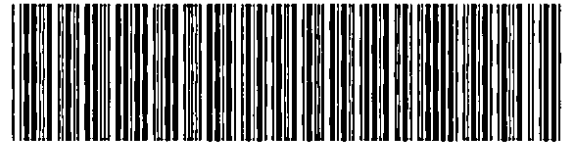
(Business Entity Name)

(Document Number)

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JUL 05 2019

FILED

2019 JUN 24 PM 3:01

SECRET  
STATE  
ELECT

*Amend*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MARITIME DIVERS 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:

**ANDREW R NIGELS**

Name of Person

**MARITIME DIVERS LLC**

Firm/Company

**7542 SALAMANDER DRIVE**

Address

**TRINITY, FL 34655**

City/State and Zip Code

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

For further information concerning this matter, please call:

**PAULINE NIGELS** **727** **514-3699**  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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

## Page 1 of 3

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>
MGR	PAULINE I NIGELS		<input type="checkbox"/> Add
		7542 SALAMANDER DRIVE	
		TRINITY, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SCOTT A NIGELS		<input type="checkbox"/> Add
		7542 SALAMANDER DRIVE	
		TRINITY, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ANDREW R NIGELS	7542 SALAMANDER DRIVE	
		TRINITY, FL 34655	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

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.

Pauline Nigels  
Signature of a member or authorized representative of a member

Typed or printed name of signee