

L200000 95351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 11 17 PM 6:11

2021 11 17 PM 6:11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sealife Maritime Solutions, LLC
DOCUMENT NUMBER: L20000095351

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LaShanda J. Butler
Name of Contact Person
Sealife Maritime Solutions, LLC
Firm/ Company
9224 Madison Ave
Address
JACKSONVILLE, FL 32208
City/ State and Zip Code
Sealife.Maritime@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaShanda Butler at (904) 803-5637
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2020

LASHANDA J BUTLER
9224 MADISON AVE
JACKSONVILLE, FL 32208

SUBJECT: SEALIFE MARITIME SOLUTIONS LLC
Ref. Number: L20000095351

We have received your document for SEALIFE MARITIME SOLUTIONS LLC and your check(s) totaling \$43.75. 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 LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 320A00008439

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sealife Maritime Solutions, 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:

Lashanda Butler
Name of Person

Sealife Maritime Solutions, LLC
Firm/Company

9224 Madison Ave
Address

JACKSONVILLE, FL 32208
City/State and Zip Code

Lbutler2020@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lashanda Butler at 904, 803-5637
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**

Sealife Maritime Solutions, 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 04/02/2020 and assigned Florida document number L20000095351.

This amendment is submitted to amend the following:

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

Bx3 Freight Solutions, 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)

9224 Madison Ave
JACKSONVILLE, FL 32208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9224 Madison Ave
JACKSONVILLE, FL 32208

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:

Lashanda Butler

New Registered Office Address:

9224 Madison Ave

Enter Florida street address

JACKSONVILLE

City

Florida

FL 32208

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Lashanda Butler	9224 Madison Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lymus Butler	9224 Madison Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
1	Lashanza Butler	Lashanza Butler	<input type="checkbox"/> Add
		9224 Madison Ave	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32208	<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

[illegible]

(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.

November 5, 2020


Signature of a member or authorized representative of a member

Hashanda Butler
Typed or printed name of signee

Filing Fee: \$25.00