## 122001112026

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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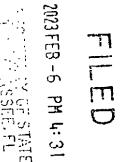
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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: DOUB	ie D Marin	le Service S	LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Darry	Name of Person	<del> </del>
	Double D W	Pirm/Company	LL.C
		Herndon R Address	
	Surrency	City/State and Zip Code  er Pdd Mariti to be used for future annual report note	3
	darryl, hann E-mail address: (1	erod Mariti	Me, Com
For further information co	ncerning this matter, please ca	all:	
Darvy   Name of	-Cannel Person	at (917 ) 339 Area Code Daytin	1907 ne Telephone Number
Enclosed is a check for the	e 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

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Registration Section

TO:

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

Double D Marine S	ervices, LLC
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number $LZZOO44ZOZL$ ?	re filed on OC+ 13, 70L2 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	v company here:
DED Maritime 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:	. 2
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	-6 P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	m =
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

## 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
	<del>-</del>		Remove
		□Add	
			□Change
			□Add
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			□Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
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<del></del>	
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Note: If the	ate, if other than the date of filing:
e record spe rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member of a
	1) and Hanner

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