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| (Re                     | equestor's Name)  |             |
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| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
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| (Bu                     | siness Entity Na  | me)         |
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|                         | ocument Number    |             |
| (DC                     | ourrent Number,   |             |
|                         |                   |             |
| Certified Copies        | _ Certificate     | s of Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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2014 SEP 10 PH P: 45
SECRETARY OF STATE
FALL AHASSEE, FLORIDA

SEP 1 6 2014 T CLINE

## COVER LETTER

| TO: Registration Section Division of Corporations  | *15***                                     | ٠.      |
|--|--|---------|
| SUBJECT: Gator's Dockside Licensing, 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:  |  |         |
| Richard Bradley Name of Person   |  |         |
| Gator's Dockside Licensing, LLC Firm/Company   |  |         |
| 212 South 7th Street   |  |         |
| Fort Pierce, FL 34950  | ZIIV SEP<br>SECRETA                        | and an  |
| City/State and Zip Code  gatorsaccounting@gatorsdockside.com  E-mail address: (to be used for future annual report notification)   | PIO PRE 15 RETARY OF STATE AHASSEE, FRORID |         |
| For further information concerning this matter, please call:   | PFS W                                      | (Color) |
| Richard Bradley 772, 595-6800  | TATE S                                     |         |
| Name of Person Area Code Daytime Telephone Number  |  |         |
| Enclosed is a check for the following amount:  □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing | ng Fee,                                    |         |

Certified Copy

(additional copy is enclosed)

#### **MAILING ADDRESS:**

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gator's Dockside Licensing  |   |  |                      |                  |              |
|---|---|--|----------------------|------------------|--------------|
| ( <u>Name of the Limit</u>  | d Liability Compar<br>A Florida Limited L | ny as it now appears on itability Company) | our records.)        |                  | •            |
| The Articles of Organization for this Limited Li-<br>Florida document number L01000014252 | ability Company                           | were filed on <u>8/20/2</u>                | 2001                 | and a            | ssigned      |
| This amendment is submitted to amend the follo  | wing:                                     |  |                      |                  |              |
| A. If amending name, enter the new name of  | the limited liabi                         | lity company here:                         |                      |                  |              |
| The new name must be distinguishable and end with the v                                   | vords "Limited Liabi                      | ility Company," the desig                  | nation "LLC" or      | the abbreviation | "L,L.C." :   |
| Enter new principal offices address, if applica   | ıble:                                     | 212 South 7th S                            | Street               | SEC.             | mestig       |
| (Principal office address MUST BE A STREE   | TADDRESS)                                 | Fort Pierce, FL                            | 34950                | 至 9              |              |
|   |   |  |                      | \$ A C           |              |
| Enter new mailing address, if applicable:   |   | 212 South 7th S                            | Street               | 9 37             | 3            |
| (Mailing address MAY BE A POST OFFICE )   | 3 <i>OX</i> )                             | Fort Pierce, FL                            | 34950                | <b>雪</b> 昌 (     | 5.           |
| B. If amending the registered agent and/or the new registered of                          |   |  | r records, <u>en</u> | nter the nam     | e of the nev |
| Name of New Registered Agent:   | Richard Bra                               | dley                                       |                      |                  |              |
| New Registered Office Address:  | 212 South 7                               | th Street                                  |                      |                  |              |
|   |   | Enter Florida st                           | reet address         |                  |              |
|   | Fort Pierce                               |  | , Florida            |                  |              |
| New Projectored Agent's Signature if changing D   |   | City                                       |                      | Zip Coa          | le           |

#### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

|              | anager<br>uthorized Member |  |
|--------------|----------------------------|--|
| <u>Title</u> | <u>Name</u>                | Address Type of Action   |
| MGRM         | Paul Cipparone             | 1331 S. International Prky. # 1291   |
|              |                            | Lake Mary, FL 32746 Remove   |
| MGRM         | Richard Bradley            | 212 South 7th Street   |
|              |                            | Fort Pierce El 3/1950  |
|              |                            | Remove  AREA AREA CONTRACTOR OF CONTRACTOR O |
|              |                            |  |
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| g:(optionalle of receipt or filed date and cannot be more than 90 days after at of State) |
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| 2014  |
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Page 3 of 3

Filing Fee: \$25.00