L11000103641

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
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MAR 3 1 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

ATLANTIC DOCK AND MARINE 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:

DERMOT BEGLEY	
Name of Person	
Firm/Company	
412 MEADOWLARK DRIVE	
Address	
JUPITER FL 33458	
City/State and Zip Code	
DBEGLEY998@GMAIL.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

DERM	10T	BEGL	.EY
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_{...}561 \ 779

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)

S60.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIC DOCK AND MARINE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number <u>L11000103641</u> .	were filed on09/12/2011	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
JUPITER DOCK AND SEAWALL LLC		
he new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC"	
Inter new principal offices address, if applicable:	412 MEADOWLARK DE	
Principal office address MUST BE A STREET ADDRESS)	JUPITER FL. 33458	語意工
		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		23
. If amending the registered agent and/or registered or egistered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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.

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:

MGR = M $AMBR = A$	anager uthorized Member		·
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Remove
			Remove
	· · · · · · · · · · · · · · · · · · ·		TALE Add TANASSIS
			PH IN: 23 Add
			□ Remove
			Add
			□ Remove
			Remove

If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
Effective date, if other than the date of fit (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depar	to date of receipt or filed date and cannot be more than 90 days after
Dated 3-22-2014	,
DAB1	man.
	of a member or authorized representative of a member
DERMOT BEGLEY	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 MAR 26 PM 12: 23

SECRETARY OF STATE
AND A DRIDA