

L13000123196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Ann*

Office Use Only



100253551491

11/08/13--01029--018 \*\*25.00

FILED  
13 NOV 12 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 13 2013

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

3054 Marco Lane 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 August 30, 2013 and assigned Florida document number L13000123196.

This amendment is submitted to amend the following:

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

n/a

The new name must be distinguishable and end with 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)**

1720 Seaway Drive

Fort Pierce, FL 34949

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 1759

Stuart, Florida 34995

**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:

Marion Paul Broome

New Registered Office Address:

1720 Seaway Drive

*Enter Florida street address*

Fort Pierce

Florida

34949

*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 608, 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

FILED  
 13 NOV 12 AM 11:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Karen Poller	1424 SE Macarthur Blvd.	<input type="checkbox"/> Add
		Stuart, FL, 34996	<input checked="" type="checkbox"/> Remove
MGRM	Marion Paul Broome	P O. Box 1759	<input checked="" type="checkbox"/> Add
		Stuart, Florida 34995	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 NOV 2 AM 11:30  
FILED  
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a

Dated October 30, 2013



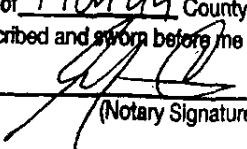
Signature of a member or authorized representative of a member

Karen Poller

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

State of Florida County of Martin  
Subscribed and sworn before me on 10/21/2013  
(Date)  
  
(Notary Signature)



Fedon John Capas  
Notary Public  
State of Florida  
MY COMMISSION # FF 30236  
Expires: August 18, 2017

FILED  
13 NOV 12 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA