L13000133247

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 2 9 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

2001 MARINA ISLE LLC

SUBJECT:

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:

PAUL MONTE	
Name of Person	
Firm/Company	
8809 SE WATER OAK PLACE	
Address	
TEQUESTA, FL 33469	
City/State and Zip Code	
palominopals1@aol.com	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES H. BURNS, ESQ.

ຼ561 **747-260**0

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2001 MARINA ISLE LLC			7/. 26
(Name of the Limited L (A F	iability Company Iorida Limited Lia	y as it now appears on our recability Company)	ords.)
The Articles of Organization for this Limited Lial Florida document number L13000133247 This amendment is submitted to amend the follow	bility Company v		유유 현 기
A. If amending name, enter the new name of t	he limited liabil	ity company here:	
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	ed Liability Company," the desi	AK PLACE
17 metput office namess Med 1 DD 11 D111221	71DDRESS/		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	8809 SE WATER C TEQUESTA, FL 33	
B. If amending the registered agent and/or registered agent and/or the new registered offi			s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	8809 SE W	ATER OAK PLACE	
		Enter Florida .	street address
	TEQUEST	A, F	lorida <u>33469</u>
		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 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 = Mana MGRM = Ma	nger nnaging Member		
<u>Title</u>	Name	Address	Type of Action
	- <u></u>		Add
			Remove
			-
			L Add
			Remove
			- 2
		TALLA LLA	
		AHASSE SE	Remove
			PR C
		ORIDA	Add
			
			Remove
			-
			_
			Remove
			_
			Add
			Remove

If amending any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
- .	
ed OCTOBER	2013
Signal	ture of a member or authorized representative of a member
CHARLES H. BUI	RNS, ESQ.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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