

L1500049394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

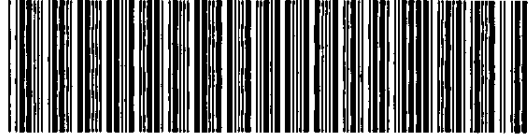
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700280626627

01/27/16--01025--018 **60.00

FILED

2016 JAN 27 P 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

New Rickenbacker Marina 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:

Aabad R. Melwani
Name of Person

New Rickenbacker Marina LLC
Firm/Company

3301 Rickenbacker Cswy
Address

Key Biscayne FL 33149
City/State and Zip Code

am@rmi-marina.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aabad R. Melwani at (305) 761-7720
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 27 PM 4:22

FILED

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

New Rickenbacker Marina 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 9/1/2015 assigned
Florida document number 415000149396

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Abad R. Melumis	3301 Rickenbacker Cswy	☒ Add
		Key Biscayne FL	☒ Remove
		33149	☐ Change
AMBR	VK Marina LLC	VK Marina LLC	☒ Add
		3301 Rickenbacker Cswy	☐ Remove
		Key Biscayne FL 33149	☐ Change
AMBR	WD Marina LLC	2666 Brickell Ave	☒ Add
		3rd Floor	☐ Remove
		Miami FL 33129	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2015 JAN 27 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

SECI
TALLA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signee