(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u>.                                    </u>
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<b>:</b>		

Office Use Only



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16 SEP 23 AM 8: 00

16 SEP 23 PH 3: 16

SEP 2 6 2016 S. YOUNG September 23, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10175201 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Department of State, Florida:

Please obtain the following:

Marina Jack, LLC (FL)

Amendment

Florida

Marina Jack, LLC (FL)

Obtain Document - Misc - CC of Amendment

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact

the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com 16 SFP 23 AM 8: 00

Page 1 of 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marina Jack, LLC	A 141 1111 . A:		
(Name of the Li	(A Florida Limited Li	y as it now appears on ou ability Company)	L terotor)
The Articles of Organization for this Limited Florida document number <u>L160001774</u>		were filed on Septembe	r 22, 2016 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation	m "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable;		<del></del>
(Principal office address MUST BE A STRE	ET ADDRESS)		<del>SEP</del>
			<del>ن ''</del> د۲ .
			ີພັ
Enter new mailing address, if applicable:			<u>_</u>
Mailing address MAY BE A POST OFFICE	BOX)		
	-		
B. If amending the registered agent and egistered agent and/or the new registered of		ce address on our re	ecords, enter the name of the new
Name of New Registered Agent:	C T Corporation S	System	
New Registered Office Address:	1200 South Pins Is	sland Road	
		Brier Florida street	oddress
	Plantation		, Florida <u>33324</u>
•	- <del> </del>	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.

Angel Nunez

If Changing Registered Agent, Signiture of No. Scientary Secretary

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>Titic</u>	Name	Address	Type of Action
MOR	Marina Jack Holdings, LLC	Two Marina Plaza	
		Sarasota, FL 34236	■ Remove
			U Change
MGR	John D. Powers, Jr.	Two Marina Plaza	■ Add
	·	Sarasota, FL 34236	C Remove
			C Change 😝
MGR	Bryan Redmond	Two Marina Plaza	SEP 23
		Sarasota, PL 34236	Remove 23
			□ Change ⇔
·			BbA 🖳
	•		□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			D Add
			D Remove
			Change
			D Add
			□ Remove
			□ Change

	d all documents and instruments which may be necessary or desirable to carry on the business of the
<u> </u>	ny, including, without limitation, any and all deeds, contracts, leases, mortgages, deeds of trust,
	sory notes, security agreements, and financing statements pertaining to the Company's assets or obligation
	authorize the confession of judgment against the Company. No person dealing with a Manager need inquir
<del></del>	validity or propriety of any document or instrument executed in the name of the Company by a Manager,
	the authority of a Manager in executing it. If there is more than one Manager, any Manager may act
on beha	If of the Company.
<del></del>	
<del></del>	
<del></del>	
<u>-</u>	
If the date cent's effection	if other than the date of filing:  9/23/2016 at 12:01 PM  (optional)  is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ctive date on the Department of State's records.  Includes a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest after the record is filed.
P 411 01	er 22 2016
Septemb	w 22 2010

Page 3 of 3
Filing Fee: \$25.00