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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

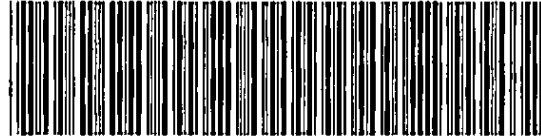
(Business Entity Name)

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08/08/22--01042--016 **50.00

22 AUG -8 AM 9:08
DIVISION OF COURT OPERATION



KLINGBEIL & ROBERTS, P.A.
ATTORNEYS AT LAW



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Gregory C. Roberts
Web site: www.k-rlaw.com

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Venice, Florida 34285

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Email: Greg@k-rlaw.com

August 4, 2022

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

22 AUG -8 AM 9:08
REGISTRATION
DIVISION OF CORPORATIONS

Re: 180 Center Court, LLC and
Maritime Partners, LLC

Dear Madam or Sir:

Enclosed for filing please find the following:

1. Articles of Amendment to Articles of Organization for 180 Center Court, LLC; and
2. Articles of Amendment to Articles of Organization for Maritime Partners, LLC.

Also enclosed is our firm check in the amount of \$50.00 for the filing fees for both (\$25.00) each. Please return copies of the Amended Articles to our office once they are filed.

Thank you for your kind attention. Should you have any questions or need any additional information, please do not hesitate to contact us.

Kind regards.

Very truly yours,

Nan Pantan
Legal Assistant to
Gregory C. Roberts

Ansp
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 180 CENTER COURT, 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:

NAN PANTON
Name of Person
KLINGBEIL & ROBERTS, P.A.
Firm/Company
341 W. VENICE AVENUE
Address
VENICE, FL 34285
City/State and Zip Code
NAN@K-RLAW.COM
E-mail address: (to be used for future annual report notification)

22 AUG - 8 AM 9: 08
STATE DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

NAN PANTON at (941) 485-2900
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

180 CENTER COURT, 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 11-29-2021 and assigned Florida document number L21000506193.

This amendment is submitted to amend the following:

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

CENTER LEASING, LLC

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)

724 EL DORADO DRIVE

VENICE, FL 34285

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SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

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

_____, Florida _____

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 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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DIVISION OF CONSERVATION
STATE OF CONNECTICUT

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

Multiple horizontal lines for amending information.

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DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 4, 2022

Handwritten signature of Marilyn E. Massey

Signature of a member or authorized representative of a member

MARILYN E. MASSEY

Typed or printed name of signee