- L010000	<u>) 19041</u>	
(Requestor's Name) (Address) (Address)	600209949216	
(City/State/Zip/Phone #)	07/14/1101023012 **25.00	
Certified Copies Certificates of Status	FILED 11 JUL 14 AM 11:06 SECRETARY OF STATE FALLAHASSEE. FLORIDA	
Office Use Only	J. BRYAN JUL 1 5 2011 EXAMINER	

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TO: Registration Solution of Con SUBJECT:	porations Marina	COVER LETTER		
	Amendment and fee(s) are su ondence concerning this matte	_		
		Cristina De Oliveira Name of Person		-
	The Law O	ffice of Cristina De Oliv Firm/Company	/eira, P.A.	
	2332 G	aliano Street, Second Address	Floor,	
		oral Gables, Fl. 33134 City/State and Zip Code eoliveira@lawcdo.com		FILED MJULIL MHII: DE SECRETARY OF STATE
For further information c	E-mail address: (eoliveira@lawcdo.com to be used for future annual repo call:	rt notification)	***
Cristi Name o	na De Oliveira	at (<u>305</u>) Area Code & I	461-1660 Daytime Telephone Numbe	2r
Enclosed is a check for th	e following amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifie	ate of Status &
Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ix 6327 ssee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marina Gardens, L.L.C. (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

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 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)		êe 🖬	i.
			: "h
	warmen of the second	TAR ASS	-
Enter new mailing address, if applicable:		SEE C	<u>=</u> m
(Mailing address MAY BE A POST OFFICE BOX)			
		DRI DRI	2
			<u>11</u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
	City	Zip Code

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

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

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	Princeton, L.L.C.	3200 NW 77 Ct Miami, FL 33122	Add Remove
MGR	Leo Schigiel	3200 NW 77 Ct Miami, FL 33122	 ✓ Add ☐ Remove
			_ Add _ Remove
			Add Remove
			Add Remove -
	<u></u>		Add Remove

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

 Dated	June 23 ,	ALLAHASSEE FLORIDA	TI JUL 14 AM 11:06	FILED
	Signature of a member or authorized representative of a member Leo Schigiel Typed or printed name of signee Page 2 of 2			

Filing Fee: \$25.00