

L0/000022350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

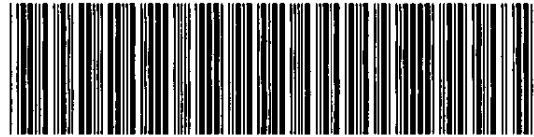
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2012 JUL 11 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARINAVIEW LLC
Name of Limited Liability Company

2012 JUN 11 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PANDRA COHEN
Name of Person

MARINAVIEW LLC
Firm/Company

10691 SANTA LAGUNA DR.
Address

BOCA RATON, FL 33428
City/State and Zip Code

sandra.cohen@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PANDRA COHEN at (561) 479-0570
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
266J Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MARINAVIEW 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 12-21-2001 and assigned
Florida document number H01000122987.

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)

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:

PANDRA B. COHEN

New Registered Office Address:

10691 SANTA LAGUNA DR.

Enter Florida street address

BOCA RATON

Florida

33428

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.

Sandra B. Cohen

If Changing Registered Agent, Signature of New Registered Agent

2002 JAN 11 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN F. COHEN	10691 SANTA LAGUNA DR. BOCA RATON, FLORIDA 33428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PANDRA B. COHEN	10691 SANTA LAGUNA DR. BOCA RATON, FLORIDA 33428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 6 JULY 2012



Signature of a member or authorized representative of a member

STEVEN F. COHEN

Typed or printed name of signee

2012 JUL 11 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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