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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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V V

COVER LETTER

	istration Sec ision of Corp					
SUBJECT:	Catwalk Docks LLC Name of Limited Liability Company					
SOBJECT.						
The enclosed	l Articles of A	Amendment and fee(s) are submitted for filing.	•			
Please return	all correspon	ndence concerning this matter to the following:				
		Marilyn Spensley				
		Name of Person				
		Catwalk Docks LLC				
		Firm/Company				
3736		3736 Lacey Ln.				
		Address	 			
		New Smyrna Beach, FL 32168				
		City/State and Zip Code				
		mspensley@cfl.π.com	<u></u> -			
		E-mail address: (to be used for future annual repor	t notification)			
For further in	iformation co	oncerning this matter, please call:				
Marilyn Spe	ensley	386 423-47	83			
	Name of	f Person Area Code Da	uytime Telephone Number			
Enclosed is a	check for the	e following amount:				
\$25.00 F	iting Feer	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Catwalk Docks LLC

(Name of the Limite	ed Liability Company as it now app A Florida Limited Liability Compan	ears on our records.)	
,	A Frontia Editated Classific Company	,, ,	18 18 18 18 18 18 18 18 18 18 18 18 18 1
The Articles of Organization for this Limited Lia	July 26, 2018	and as med Y	
Florida document number <u>104000</u>		[3]	
This amendment is submitted to amend the follo	wing:		AH IO:
A. If amending name, enter the new name of	the limited liability company	here:	ORIO 19
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," th	e designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	BOX)	<u></u> -	
B. If amending the registered agent and/or registered agent and/or the new registered off		on our records, <u>enter the</u>	name of the nev
Name of New Registered Agent:	Marilyn Spensley		
	3736 Lacey Ln		
New Registered Office Address:	ew Registered Office Address: Enter Florida street address		<u> </u>
	New Smyrna Beach	, Florida 32168	
	City		ip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete performance (tered agent as provided for in egistered office address, I her	of my duties, and I am fami Chapter 605, F.S. Or, if th	liar with and is document is

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>	Type of Action
Asst. Ma	Marilyn Spensley	3736 Lacey Ln., New Smyrna Bi	Add
			Remove
			Change
			🗆 Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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If an cfi <u>Note:</u>	ive date, if other than the date of filing:
ne ree The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	M = 0
	Signature of a member or authorized representative of a member
	Marilyn Spensley

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Filing Fee: \$25.00