## L04000003917

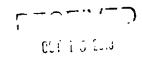
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## **COVER LETTER**

•	gistration Sec vision of Corp			
CUBIECT.				
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Marilyn Spensley		
		<del></del>	Name of Person	
Catwalk Docks LLC				
			Firm/Company	
		3736 Lacey Ln		
		<del> </del>	Address	<del></del>
		New Smyrna Beach, FL	32168	
		<del>-</del>	City/State and Zip Code	<del></del>
		mspensley@cfl.rr.com		
		E-mail address: (	to be used for future annual report not	tification)
For further is	nformation co	oncerning this matter, please co	all:	
Marilyn Spe	ensley		386 423-4783	
	Name of	Person	Area Code Daytin	ne Telephone Number
Name of Person  Catwalk Docks LLC  Firm/Company  3736 Lacey Ln  Address  New Smyrna Beach. FL 32168  City/State and Zip Code mspensley@cfl.rr.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Marilyn Spensley  at (				
■ \$25.00 F	filing Fee	<del>-</del>		•

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 Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Liability Company were filed on September 13, 2018	and assigned
Florida document number L04000003917	<u> </u>	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appl		3
Principal office address MUST BE A STRE	ET ADDRESS)	5 15
		-43
	<del>-</del>	ν. Ž
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE	= BOX)	7*
3. If amending the registered agent and egistered agent and/or the new registered of	d/or registered office address on our records, office address here:	enter the name of the
Name of New Registered Agent:	Steven Polak	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
AMBR	Arthur Rowe	8184 Jamaica Road South	
		Jacksonville FL 32216	
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			☐ Remove
		<del></del>	
			□ Add
			□ Remove
			<u>c</u> ⊞ Change
	<del></del>		
			L & Danson
			Change
			☐ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change

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rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	ne, at 12:01 a.m. on	the earlier
ed 10/10 2018.		
Signature of a member or authorized representative of	a member	····

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Filing Fee: \$25.00