104000003917

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	(Address)
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N. CAUSSEAUX SEP 1 7 2018

COVER LETTER

то:	Registration Sec Division of Corp			
eun u	Catwalk Do	ocks LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	A41 + 34
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Marilyn Spensley		
			Name of Person	
		Catwalk Docks LLC		
			Firm/Company	
		3736 Lacey Ln		
			Address	
		New Smyrna Beach, FL	32168	
		mspensley@cfl.rr.com	City/State and Zip Code	a de parte de la compansión de la compan
		E-mail address: (to be used for future annual report notifi	cation)
For fur	rther information co	oncerning this matter, please ca	all:	
Marily	n Spensley		386 423-4783	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Catwalk Docks LLC		
(Name of the Limit	ed Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Li Florida document number L04000003917		
This amendment is submitted to amend the follo	owing:	ø, F
A. If amending name, enter the new name of	the limited liability company here	
The new name must be distinguishable and contain the w		gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/ registered agent and/or the new registered of		ur records, <u>enter the name of the nev</u>
Name of New Registered Agent:	Arthur Rowe	
New Registered Office Address:		
	8184 Jamaica Road South Jacksonville, FL 32216	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>	Type of Action
AMBR	Arthur Rowe	8184 Jamaica Road South Jacksonville, FL 32216	■ Add
			Au
			□ Remove
			Change
			Add
			Remove
			☐ Change
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			☐ Remove
			Change

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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	
E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing:	
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	
E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing:	
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	
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(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	
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 (b) The 90th day after the record is filed.	arlier of:
September 11 2018 Dated	
Signature of a member of authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00