

LO 4000087591

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AQUATIC RESOURCE, L.L.C.

Certificate of Status	0
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Corporate Filing Menu

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10/15
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408000235814

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AQUATIC RESOURCE, L.L.C.

(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 12/6/04 and assigned
Florida document number L04000087591

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LDP Enterprises, LLC, a Florida limited liability company

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**)

58951 Overseas Highway

Marathon, FL 33050

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

same as above

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:

New Registered Office Address:

(Enter Florida street address)

(City) Florida (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.

(If Changing Registered Agent, Signature of New Registered Agent)

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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

Title	Name	Address	Type of Action
			<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
			<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.)

SECRETARY OF STATE
TREASURY DEPARTMENT
WASHINGTON, D.C. 20540

08 OCT 14 AM 10:08

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Dated _____

Thomas D. Wright

Authorized Representative

Signature of a member or authorized representative of a member

Thomas D. Wright

Typed or printed name of signee

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Filing Fee: \$25.00

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