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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

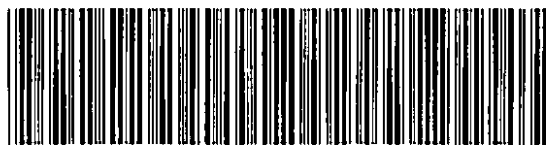
(Business Entity Name)

(Document Number)

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CLERK OF THE  
COURT  
JANUARY 2020

2019 OCT 31 AM 11

FILED

Y. CHEN

10/26/2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WOODS MARINA LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

RAVEEN RANA

\_\_\_\_\_  
Name of Person

WOODS MARINA LLC

\_\_\_\_\_  
Firm/Company

P.O. BOX 1600

\_\_\_\_\_  
Address

CROSS CITY FL 32628

\_\_\_\_\_  
City/State and Zip Code

monika42020@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAVEEN RANA

352 578-4145  
at ( )

\_\_\_\_\_  
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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WOODS MARINA, 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 10/19/2019 and assigned  
Florida document number L05000002748.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14933 NW 11<sup>th</sup> Place  
CROSS CITY, FL 32628 Newberry FL  
32669

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 1600  
CROSS CITY FL 32628

**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:

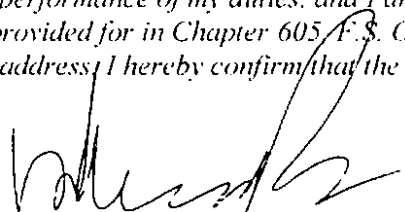
RAVEEN RANA

New Registered Office Address:

14933 NW 11<sup>th</sup> Pl  
Enter Florida street address  
CROSS CITY Newberry Florida 32628 32669  
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>	<u>Type of Action</u>
MGR	MATTHEW ELLISON		<input type="checkbox"/> Add
		P.O. BOX 213 STEINHATCHEE FL 32359	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNIFER JOHNSON		<input type="checkbox"/> Add
		534 SE 71 AVENUE CROSS CITY FL 32628	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAVEEN RANA	P.O. BOX 1600 CROSS CITY FL 32628	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	MONIKA RANA	P.O. BOX 1600 CROSS CITY FL 32628	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 24, 2019

RAVEEN RANA

Signature of a member or authorized representative of a member

Typed or printed name of signee