## L05000004713

| (Rec                      | questor's Name)  |                                       |
|---------------------------|------------------|---------------------------------------|
| (Add                      | lress)           | <del></del>                           |
| (Add                      | lress)           | · · · · · · · · · · · · · · · · · · · |
| (City                     | //State/Zip/Phon | e #)                                  |
| PICK-UP                   | ☐ WAIT           | MAIL                                  |
| (Bus                      | iness Entity Nar | ne)                                   |
| (Doc                      | cument Number)   |                                       |
| Certified Copies          | Certificates     | s of Status                           |
| Special Instructions to F | iling Officer:   |                                       |
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SECRETARY OF STATE

## TRANSMITTAL LETTER

| то:             |         |       | ntion Secti<br>n of Corpo |   |             |  |             |                    |             |                |
|-----------------|---------|-------|---------------------------|---|-------------|--|-------------|--------------------|-------------|----------------|
| SUBJE           | CT:     | Do    | cks of Ca                 | arrabelle, LLC                                  |             |  | <del></del> |                    |             |                |
|                 |         |       |                           | (Name of  | Limited I   | Liability Compa  | my)         |                    |             |                |
| The enc         | losed   | Art   | ticles of A               | mendment and fee(s) are s                       | ubmitted    | for filing.  |             |                    |             |                |
| Please r        | eturn   | all ( | correspon                 | dence concerning this mat                       | ter to the  | following:   |             |                    |             |                |
|                 |         |       | Jo                        | seph Silva, Jr.                                 |             |  |             |                    |             |                |
|                 |         |       |                           |   | (Name of    | Person)  |             |                    |             |                |
|                 |         |       | Joseph :                  | Silva, Jr. PA                                   |             |  |             |                    | _           |                |
|                 |         |       |                           |   | (Firm/Co    | ompany)  |             |                    |             |                |
|                 | ;       | 239   | East 4th                  | Street  |             |  |             |                    | SECR        | FILED THIS: 40 |
|                 | _       |       |                           |   | (Add        | ress)  |             |                    | H. H.       |                |
|                 |         |       | Pana                      | ma City, Florida 32401                          |             |  |             |                    | SEE         | 9 ED           |
|                 |         |       |                           | (Ci   | ty/State an | d Zip Code)  |             |                    |             | 125            |
| For furt        | her in  | forr  | nation co                 | ncerning this matter, please                    | e call:     |  |             |                    | RIDA        | 5              |
|                 | Jose    | eph   | Silva, Jr                 |   |             | at ( 850   | 763         | -8422              |             |                |
|                 |         |       |                           | (Name of Person)                                |             |  | Code & Day  | ytime Telephone Nu | ımber)      |                |
| Enclosed        | is a c  | heck  | c for the fo              | llowing amount:                                 |             |  |             |                    |             |                |
| <b>Á</b> \$25.0 | 0 Filir | ıg Fe | ee                        | □ \$30.00 Filing Fee &<br>Certificate of Status | Ø s         | \$55.00 Filing Fed<br>Certified Copy<br>(additional copy |             |                    | of Status & |                |

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Docks of Carrabelle, LLC

|            | (A Florida Limited Liability Company)  |                  |       |
|------------|--|------------------|-------|
|            |  |                  |       |
|            |  |                  |       |
| FIRST:     | The Articles of Organization were filed on January 13, 2005 and assigned document number L05000004713      |                  |       |
| SECOND:    | The following amendment(s) to the Articles of Organization was/were adopted by the line liability company: | nited            |       |
|            | Dr. Beverly C. Walters and Dr. George B Buczko are admitted as members of the Organization                 | 1.               |       |
|            |  |                  |       |
|            |  |                  |       |
|            |  | 2004             |       |
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|            | SSE  | 5 5              | FILED |
|            | \$``<br>ተ  | JAN 19 PH 12: 40 | D     |
|            |  |                  | •     |
|            |  | >                |       |
| Dated Janu | nuary 18   |                  |       |
|            |  |                  |       |
|            | La / LATE IN COLO BLAID, MANAGER ME  | UM 61            | -7.   |
|            | Signature of a prember or authorized representative of a member  |                  |       |
|            | Joseph Silva, Jr.  |                  |       |
|            | Typed or printed name of signee  |                  |       |
|            |  |                  |       |

Filing Fee: \$25.00