

LO5000090404

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

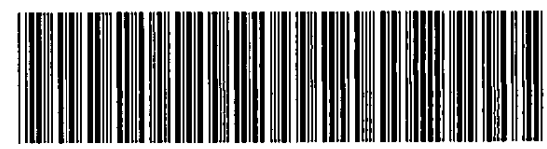
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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13 JUN 20 PM 12:00  
TALLAHASSEE, FLORIDA

JUN 24 2013  
J. BUTLER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Marina, L.L.C.

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:

Joni L. Norton, CPA/PFS, CFP

Name of Person

Markham Norton Mosteller Wright & Company, PA

Firm/Company

8961 Conference Drive, Suite 1

Address

Fort Myers, FL 33919

City/State and Zip Code

jnorton@markham-norton.com

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

For further information concerning this matter, please call:

Joni Norton

Name of Person

239 433-5554

at ( )

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

FILED  
13 JUN 20 PM 12:00  
TALLAHASSEE, FLORIDA

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

Marina, 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 09/07/2005

Florida document number L05000090404

FILED  
13 JUN 20 PM 2:00  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)**

4 Dunsianane Road

Brookfield, CT 06804

Enter new mailing address, if applicable:

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

4 Dunsianane Road

Brookfield, CT 06804

**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:

Joni Norton

New Registered Office Address:

8961 Conference Drive, Suite 1

*Enter Florida street address*

Fort Myers

Florida 33919

*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 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.*

Joni Norton  
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mr</u>	<u>John Cioffi</u>	<u>4 Dunsianane Road</u>	<input checked="" type="checkbox"/> Add
		<u>Brookfield, CT 06804</u>	<input type="checkbox"/> Remove
<u>Ms</u>	<u>Josina Nievendyk</u>	<u>2711 First Street #304</u>	<input type="checkbox"/> Add
		<u>Fort Myers, FL 33916</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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FALLS CHURCH, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated \_\_\_\_\_

✓ *JF Cioffi*

Signature of a member or authorized representative of a member

*John Cioffi*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 JUN 20 PM 12:00  
TALLAHASSEE, FLORIDA