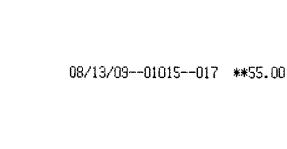
## L05000096803

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STAN AHASSEE FLO

## **COVER LETTER**

TO:	Registration S Division of Co			•
SUBJE	ECT:	, MAI	RINAS, LLC	
,.			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		C.	YANKI SOKMENSUE	iR
			Name of Person	
		SM	MITH MACKINNON, P	Α
Firm/Company		,		
		255 S. O	RANGE AVENUE, SL	IITE 800
		<del></del>	Address	
		ORI	_ANDO, FLORIDA 32	301
			City/State and Zip Code	501
		JGP E-mail address:	OZO@BOATTREE.C	OM ort notification)
For fur	ther information	concerning this matter, please	call:	
		KI SOKMENSUER	at (_407_)	843-7300
	Name	of Person	Area Code &	Daytime Telephone Number
Enclose	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi	ING ADDRESS: ration Section on of Corporations tox 6327	Registration	Corporations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MARINAS, 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 Compar	ny were filed on	09/29/2005	_ and assigned
Florida document numberL0500096803			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and end with the words "Liu"L.L.C."	mited Liability Company	"," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Elasida atau at addus	
	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

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> Fitle</u>	Name	<u>Address</u>	Type of Action
MGR_	JOSEPH G. POZO, JR.	2202 33RD STREET ORLANDO, FLORIDA 32839	Add Remove
Co-Mgr	JOSEPH J. POZO	2202 33RD STREET ORLANDO, ELORIDA 32839	Add Remove
Co-Mgr	JOE G. POZO, JR.	2202 33RD STREET ORLANDO, ELORIDA 32839	Add Remove
Co-Mgr	VIVIAN POZO	2202 33RD STREET ORLANDO, FLORIDA 32839	✓ Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	ry.)
			OS AUG 13 AM SECRETARY OF TAULAHASSEE F
Dated	JULY 27 ,	2009	MID: 47  FLIORIDA
		per or authorized representative of a member	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00