

L05000096803

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. AUG 14 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARINAS, 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:

C. YANKI SOKMENSUER

Name of Person

SMITH MACKINNON, PA

Firm/Company

255 S. ORANGE AVENUE, SUITE 800

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

JGPOZO@BOATTREE.COM

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

For further information concerning this matter, please call:

C. YANKI SOKMENSUER

Name of Person

at (407)

843-7300

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
09 AUG 13 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 Company were filed on 09/29/2005 and assigned
Florida document number L05000096803.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

- 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>
MGR	JOSEPH G. POZO, JR.	2202 33RD STREET ORLANDO, FLORIDA 32839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Co-Mgr	JOSEPH J. POZO	2202 33RD STREET ORLANDO, FLORIDA 32839	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Co-Mgr	JOE G. POZO, JR.	2202 33RD STREET ORLANDO, FLORIDA 32839	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Co-Mgr	VIVIAN POZO	2202 33RD STREET ORLANDO, FLORIDA 32839	<input checked="" 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.)*

Dated JULY 27, 2009

Signature of a member or authorized representative of a member

JOE G. POZO, JR.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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