

LO50000 96803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

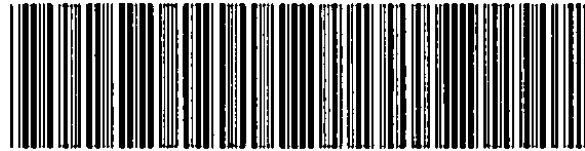
(Business Entity Name)

(Document Number)

ied Copies _____ Certificates of Status ☒

cial Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

Marinas, LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Joseph Driggers Pozo

Name of Person

Marinas, LLC

Firm/Company

679 Lake Harbor Cr.

Address

Orlando FL 32809

City/State and Zip Code

joey@boattree.com

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

For further information concerning this matter, please call:

Joseph Driggers Pozo 407 595-4646

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input 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)
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Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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)

Articles of Organization for this Limited Liability Company were filed on 9/29/2005 and assigned
Florida document number LOS000096803

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Marinas, LLC c/o Joseph D Pozo

679 Lake Harbor Cr

Orlando, FL 32809

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

Marinas, LLC c/o Joseph D Pozo

679 Lake Harbor Cr

Orlando, FL 32809

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:

Joseph D Pozo

New Registered Office Address:

679 Lake Harbor Cr

Enter Florida street address

Orlando

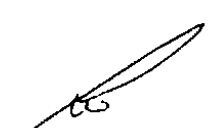
City

Florida 32809

Zip Code

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

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

GR = Manager

IBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Joseph D Pozo	679 Lake Harbor cr. Orlando, Fl. 32809	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
IBR	Joseph D Pozo	679 Lake Harbor cr. Orlando, Fl. 32809	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	Joseph G Pozo Jr	26529 old bellamy rd. High Springs, Fl. 32643	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

New Ownership effective 1/1/2019

Joseph D Pozo - 33.33%

Christine Shae - 33.34%

Jennifer P Martin - 33.33%

Effective date, if other than the date of filing: _____ (optional)

an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 is filed.

dated 6/3/2020

Signature of a member or authorized representative of a member

Joseph D Pozo

Typed or printed name of signee