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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Marina Vacht Reatty LL 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:				
Mary Jackson Name of Person  Marina Vacht Reatty LLC				
Marina Vacht Reatty LLC				
1707 SE 12 CT Address				
Fort Lauderdde FL 33316 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mary Tackson at 954 610 - 9926  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Certified Copy} \\ (additional copy is enclosed)\$\$\$ (additional copy is enclosed)\$\$\$ (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

Marina Yacht 1	ReatyLLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appéars on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOOOJ4</u> 36	were filed on $3/07/2006$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Title Real Esta	te LLC
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1707 SE 12 CT
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33316
Enter new mailing address, if applicable:	1707 5 E 12 CT Fort Lauderdde FL
(Mailing address MAY BE A POST OFFICE BOX)	133316
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	TAL
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Street adams R
<del></del>	City Zip Oede
New Registered Agent's Signature, if changing Registered Agent:	A A

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
			_
_			
	3-28-11,		_
Dated	Q - 40-71,	<del></del> ,	

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Filing Fee: \$25.00