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SECRETARY OF STATE

D. BRUCE

NOV 16 2011

EXAMINER

COVER LETTER

Division of Corpo	orations				
SUBJECT:	Mar	ker 23, LLC			
		ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.			
Please return all correspond	lence concerning this matter	r to the following:			
		Anthony L. Marino			
Name of Person					
		Marker 23, LLC			
Firm/Company					
		286 Shore Dr.			
Address					
	P	alm Harbor, FL 34683	3		
		City/State and Zip Code			
	tma	arino@tampabay.rr.cor to be used for future annual repo	m	·········	
		_	ort notification)	ALE E	_
For further information con	cerning this matter, please of	call:		AE S	Š T
Anthor	ny L. Marino	at (727)	466-7076	TAR ASS	= =
Name of P	•	Area Code &	Daytime Telephone Number		= 17
				-F-0	= -
Enclosed is a check for the	following amount:			TATE ORID/	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	te of Status & Copy	
			(addition	al copy is en	iclosed)
			•		

TO:

Registration Section

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

	Marker 23, LLC		
(Name of the)	Limited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Lin	nited Liability Company were filed on	05/02/2006	and assigned
Florida document numberL060	000045209		
This amendment is submitted to amend	the following:		
A. If amending name, enter the new n	name of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviatio
Enter new principal offices address, if	applicable:		
(Principal office address MUST BE A S	STREET ADDRESS)		- Transport
Enter new mailing address, if applicat	ble:		SSE F
(Mailing address MAY BE A POST OF	FFICE BOX)		mo ≥ m
		á.	? A ∴ S
B. If amending the registered agen registered agent and/or the new register	t and/or registered office address on	our records, <u>enter t</u>	Re name of the nev
egistered agent and/or the new regist	ered office address fiere.		
Name of New Registered Agen	<u>ıt</u> :		
New Registered Office Address	<u>s</u> :		
	Er	nter Florida street add	ress
		, Florida	
	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.

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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGR Anthony L. Marino 286 Shore Dr. ✓ Add Palm Harbor, FL 34683 Remove ☐ Add Remove ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	SEE. FLOR
Dated Novebr 8th, 2011.	- VIE
Signature of a member or authorized representative of a member Anthony L. Marino	
Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00