

# LD6000077183

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

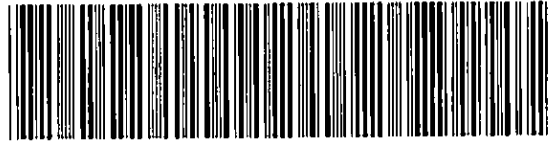
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



300365923573

05/10/21--01003--007 \*\*25.00

O SIMMONS

MAY 11 2021

RECEIVED  
2021 MAY 10 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL 32391

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 5/10/2021 Glinda

☐ **CERTIFIED COPY**

**XX** **PHOTOCOPY**

☐ **CUS**

**XX** **FILING**

LLC AMEND

1. **CANNON MARINE PARTNERS LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CANNON MARINE PARTNERS, 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:

CARL N. CANNON

Name of Person

CANNON MARINE PARTNERS, LLC

Firm/Company

13748 ATLANTIC BOULEVARD

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

CARL CANNON 4 @ gmail . com

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

For further information concerning this matter, please call:

CARL N. CANNON

Name of Person

at (904)

Area Code

469 - 3476

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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**

CANNON MARINE PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2016 MAY 16

The Articles of Organization for this Limited Liability Company were filed on 08/04/2006 and assigned  
Florida document number L06000077183.

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 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*

\_\_\_\_\_, 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 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**

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

MGR = Manager

AMBR = Authorized Member

August 10 AM 11:16

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CANNON HOME OFFICE LLC	13748 ATLANTIC BOULEVARD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CANNON, CHRISTOPHER B	3 PALMWOOD COURT	<input type="checkbox"/> Add
		JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PART	CANNON, KEVIN	7949 MONTRAY BAY DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PART	NAPOLEON, KERRI C	1307 AVONDALE AVENUE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PART	CANNON, CARL N	4480 Deerwood Lake Pkwy	<input type="checkbox"/> Add
		Unit 143	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

19 APR 16

(If 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)

If the 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 record is filed.

Carl N. Carr  
Signature of a member or authorized representative of a member

CARL N. CANNON  
Typed or printed name of signer

**Filing Fee: \$25.00**