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T. CLINE

MAR 10 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Marina Development Partners (Name of Limited Liability Company) LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
J. Lorgaine JAHN (Name of Person)
Law Offices of 7. L. JAHN,
311 N. Newport Ave. 8.4
TAMPA 7/ 33606 TARE TO THE TAME AND THE TAME
THE STATE OF THE S
For further information concerning this matter, please call: 1. Locative Jahn at 813 514 - 6363 F (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

30.00 Filing Fee & Certificate of Status

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

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACUL DES	Jelophent Partners Bany as it now appears on our records.) Ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{9/25/06}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	TALE OF THE PROPERTY OF THE PR
(Principal office address MUST BE A STREET ADDRESS))
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	E F CALL
Training marcos in 17 DE 11 OE 1 OF 17 OE 2011	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new here:
Name of New Registered Agent:	Loccaine JAHK
New Registered Office Address:	(Enter Florida subet address)
	Florida 33606 (Circle) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:

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)

Page 1 of 2

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

Title Name Address Type of Action

MGR = Manager MGRM = Managing Member

Title Name Address Type of Action

Add Remove Add Remove

Address Type of Action

Add Remove TAMPA + 33606

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	-	Remove
D. If amend	ling any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
		1/Vm /
Dated	March 4, 200	09
	Signature of a member or a	authorized representative of a member
	JACK Styned or n	rinted name of signee
	.,,	•

Page 2 of 2

Filing Fee: \$25.00