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EXAMINER



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COVER LETTER

TO: Registration Section

Divisi	sion of Corporations	
· SUBJECT: _	Mac's Bayside Marine LLC	
_	Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	•	
	Robert McCarthy	
· -	Name of Person	
-	Mac's Bayside Marine LLC	•
	Firm/Company	
•	·	
	5144 38th Way South	
	Address	
,	St. Petersburg, FL 33711	
	City/State and Zip Code	
• •	E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further info	formation concerning this matter, please call:	
	Robert McCarthy at (813) 900-6716	
	Name of Person Area Code & Daytime Telephone Number	
- 1		
Enclosed is a c	check for the following amount:	
\$25.00 Filin	ling Fec - \$30.00-Filing Fec &\$55.00 Filing Fee &\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy)	atus &
•		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tablebox FI 23214	
	Tallahassee, FL 32314 2 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mac's	Bayside Marine LLC	<u> </u>		
(<u>Name of the Limited Liabil</u> (A Florid	a Limited Liability Company)	ars on our records.		
The Articles of Organization for this Limited Liability	Company were filed on	11/07/2006	and assi	igned
Florida document number L06000107977	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	ere:		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	pany," the designation "	LLC" or the a	bbreviatio
			•	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADI	<u>DRESS)</u>		2: 5	
		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		- T*****
T			AS 19	هنداوییده هدههستن هدههستند
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			<u> </u>	
The Total Control of the Control of		_		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter	the name of	f the nev
N				
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	•	1	-	. ·
Them (Seguitated Office Addiess).	. E	nter Florida street ad	dress	
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Ricky John Davies	5144 38th Way South St. Petersburg, FL 33711	Add ☐ Remove
		St. Petersburg, FL 33711	Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
•			Remove
	•		
			Add Remove
			_
		· · · · · · · · · · · · · · · · · · ·	Add Remove
-		-	
	•	*	-
	•		Add Remove
			Add
-			Remove
D. If amendin	g any other information, enter	change(s) here: (Attach additional sheets, if necessary	<i>'.)</i>
•	•		
		3 '	
			•
D-4-4	July 15	2010	
Dated	outy 10	2010	
· .			
,-	Signature of a i	member or authorized representative of a member	
_		Robert McCarthy Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00