## L0700002902/

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T. HAMPTON

AUG 11 2008

EXAMINER

## **COVER LETTER**

	gistration Section of Corp				
SUBJECT:		URBAN MARINE PROPERTIES, LLC			
SOBJECT.			ited Liability Company)	<b>_</b>	
The enclose	d Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
(Name of Person)					
		URB	AN MARINE PROPERTIES, LLC		
		/	(Firm/Company)		
		<b>2645</b> 8	. Bayshore Drive Suite 4002		
			(Address)		
		N	IIAMI, FLORIDA 33133		
			(City/State and Zip Code)		
For further i	nformation co	ncerning this matter, please c	all:		
	FRIEDRI	CH W SCHREYER	at ( 786 <sub>)</sub> 281-6222		
(Name of Person)		Person)	(Area Code & Daytime T	Celephone Number)	
Enclosed is	a check for the	following amount:			
<b>☑</b> \$25.00 F	iling Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrat	NG ADDRESS: tion Section of Correspondings	STREET/COURIER Registration Section Division of Corporation		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED

08 AUG -8 PM 1: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	Urban Marine Po		
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our reco Liability Company)	rds.
The Articles of Organization for this Limited L	iability Company	were filed on 03/16/2007	and assigned
Florida document number <u>L07000029021</u>			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
Marin	e Properties Rea	Ity Advisors, LLC	
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)	2645 S. Bayshore Drive Suite 1002	
		Miami, FL. 33133	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	2645 S. Bayshore Drive Suite 1002	
·		Miami, FL. 33133	
B. If amending the registered agent and/ registered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address:	ffice address her	hore Drive Suite 1002  (Enter Florida si	treet address) rida 33133
		(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 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 .	<u>Name</u>	<u>Address</u>	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add		
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessal	80 80 103 103		
			FILED  AUG -8 PM 1: 1  AUG -8 PM 1: 1		
 Dated	August 6 , 2008		<u></u>		
	Signature of a member of	or authorized representative of a member			
		NCH W. SCHREYER	<u>-</u>		

Page 2 of 2

Filing Fee: \$25.00