## L07000064340

| (Re                     | equestor's Name)   |             |
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| (A)                     | ddress)            |             |
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| (Ci                     | ty/State/Zip/Phone | e #)        |
|                         |                    |             |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (D.                     | usiness Entity Nar | ma)         |
| (6)                     | isiness Enuty Nai  | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
|                         |                    | ,           |
| Certified Copies        | Certificates       | s of Status |
| ,                       |                    |             |
| <u> </u>                |                    |             |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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DIVISION OF CORPURATION

## **COVER LETTER**

| TO: Registration<br>Division of C |  |  |                        |  |
|-----------------------------------|--|--|------------------------|--|
| SUBJECT:                          | Water Street Hot                           | tel and Marina, L.L                    | C.                     |  |
|                                   | Name of Limite                             | ed Liability Company                   |                        | <del>-</del>   |
|                                   |  |  |                        |  |
| The enclosed Articles             | of Amendment and fee(s) are subn           | nitted for filing.                     |                        | ·  |
| Please return all corres          | pondence concerning this matter to         | o the following:                       | •                      |  |
|                                   |  | Curt Blair                             |                        |  |
|                                   |  | Name of Person                         |                        | <del></del>  |
|                                   |  | Allyn, Inc.                            |                        |  |
|                                   | · · · · · · · · · · · · · · · · · · ·      | Firm/Company                           |                        | <del></del>  |
|                                   |  | 329 Water Street                       |                        |  |
|                                   | ,  | Address                                |                        |  |
|                                   | Apa  | alachicola, FL. 32320                  |                        |  |
|                                   |  | City/State and Zip Code                |                        | <u> </u>   |
|                                   | curt                                       | smarina@yahoo.com                      |                        | -  |
|                                   | •  | be used for future annual report       | t notification)        |  |
| For further information           | n concerning this matter, please cal       | 11:                                    |                        |  |
|                                   | Curt Blair                                 | at ( 850 )                             | 323-0719               |  |
| Name                              | e of Person                                | Area Code & D                          | aytime Telephone Nur   | nber   |
| Enclosed is a check for           | the following amount:                      | ,                                      |                        |  |
| \$25.00 Filing Fee                | \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enc | Certi<br>closed) Certi | Filing Fee,<br>ficate of Status &<br>fied Copy<br>tional copy is enclosed) |

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



October 11, 2010

CURT BLAIR 329 WATER STREET APALACHICOLA, FL 32320

SUBJECT: WATER STREET HOTEL AND MARINA, L.L.C.

Ref. Number: L07000064340

We have received your document for WATER STREET HOTEL AND MARINA, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 310A00024020

SECRETARY OF STATE DIVISION OF CORPORATION:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 OCT 21 PH 18 46

| Water Stree<br>(Name of the Limited Liabilit<br>(A Florida                                       | t Hotel and Marina,<br>y Company as it now appea<br>Limited Liability Company) | LLC rs on our records.)                         |
|--|--|---|
| The Articles of Organization for this Limited Liability ( Florida document numberL0700064340     | Company were filed on  | 6/18/07 and assigned                            |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the lim   | nited liability company he   | <u>re</u> :                                     |
| The new name must be distinguishable and end with the wo   | ords "Limited Liability Comp   | any," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  |   |
| (Principal office address MUST BE A STREET ADD   | RESS)  |   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)             |  |   |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |  | our records, enter the name of the nev          |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   |  |   |
|  | Er   | ter Florida street address                      |
|  | <del>-</del>   | , 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 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                        | Address  | Type of Action             |
|--------------|------------------------------------|--|----------------------------|
| MGRM         | Allyn Associates, Inc.             | 17 1/2 Ave. E<br>Apalachicola, Fl. 32320   | Add                        |
| MGRM_        | Allyn, Inc.                        | 17 1/2 Ave. E<br>Apalachicola, Fl. 32320   | ✓ Add ☐ Remove             |
| MGRM         | Leigh Coble                        | 17 1/2 Ave. E<br>Apalachicola, Fl. 32320   | Add<br>Remove              |
|              | •                                  |  | Add Remove                 |
|              |                                    |  | Add<br>Remove              |
|              | <del></del>                        | · · · · · · · · · · · · · · · · · · ·  | Add<br>Remove              |
| D. If amend  | ing any other information, enter c | change(s) here: (Attach additional sheets, if necessary.)                                  | SECRETAR<br>DIVISION OF 21 |
|              |                                    |  | Y OF STATE                 |
| Dated        | 10/01/10 ,                         |  |                            |
| , ·          |                                    | ember or authorized representative of a member  Curt Blair Typed or printed name of signee |                            |

Page 2 of 2

Filing Fee: \$25.00