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K.SALY EXAMINER AUG 3 0 2012

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	CT:	Water Street Ho	otel and Marina, L.L.C.		
		Name of Limi	ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
			Curt Blair		
			Name of Ferson		
		Scipio (Creek Management, L.L.C.		
			Firm/Company		
			P.O. Box 714		
			Address		
		Apai	lachicola, Florida, 32329		
*			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (tsmarina@yahoo.com to be used for future annual report notifica	ation)	
For fur	ther information co	ncerning this matter, please c	·	,	
	(Curt Blair	at (850) 6	53-8801	
Name of Person		· · ·	Area Code & Daytime Telephone Number		
Enclose	ed is a check for the	e following amount:			
₹ 25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDESS.		NC ADDDESS.	CTD RET/CALD IF	D ADDDESS.	

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ED.
12 AUG 28	PH 12. 25
TALI ATTASSEE	OF STATE

Water S (Name of the Limited	treet Hotel a	and Marina, L.L. y as it now appears on iability Company)	C.	SSEE, FLORIDA	
(A	Florida Limited L	iability Company)			
The Articles of Organization for this Limited Li Florida document numberL07000064		were filed on	10/21/2010	and assigned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	fthe limited liab	ility company here:			
Scipi	o Creek Mana	igement, L.L.C.			
The new name must be distinguishable and end wit "L.L.C."		•	the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		17 Ave. E			
(Principal office address MUST BE A STREE	T ADDRESS)	Apalachicola, Florida			
		32320			
Enter new mailing address, if applicable:		P.O. Box 714	·		
(Mailing address MAY BE A POST OFFICE BOX)		Apalachicola, Florida			
		32329			
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		<u>e</u> :	records, <u>enter t</u> Florida street add		
	Α	palachicola	, Florida	32320	
		City	, . 101108	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 MGRM** Coble, Leigh 329 Water Street ☐ Add Apalachicola, Florida 32320 MGRM Coble, Leigh 17 Ave. E ✓ Add Apalachicola, Florida ☐ Remove 32320___ Allyn ASSOCIATO, INC MGRM Blair, Curt 17 Ave. E ✓ Add Analachicola, Florida ☐ Remove 32320 Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 20, 2012 Dated_ Signature of a member or authorized representative of a member Leigh Coble Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00