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## **COVER LETTER**

TO: Registration S Division of Co	Section orporations	
SUBJECT: AT THE	EDOCK LLC	•
Souseer. At THE	(Name of Limited Liability Company)	
The enclosed Articles of	of Amendment and fec(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Livia Caudell	
•	(Name of Person)	
	At the DOCK ILC	
	(Firm/Company)	
	MOS Devidence Daine Unit 700	
	4105 Residence Drive Unit 702 (Address)	
	(	
	Ft Myers Florida 33901	
	(City/State and Zip Code)	
For further information	concerning this matter, please call:	
	000 100 0010	
Livia Caudell	at (239) 699-336 (Area Code & Daytime Telephone Number)	, <i>'</i>
(Maine	(Area Code & Daytine Telephone Number)	
Enclosed is a check for t	the following amount:	
S25.00 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy (	atus &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

AT THE DOCK LLC. (Name of the Limited)	Lighility Company as it Florida Limited Liability	now appears on our records Company)	
The Articles of Organization for this Limited L	• • •	iled on <u>07/06/2007</u>	and assigned
Florida document number TIP/INITRIP/1317	· <b>G</b>		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability co	mpany here:	
The new name must be distinguishable and end win.L.C."	th the words "Limited Lial	bility Company," the designati	on "L1.C" or the abbreviation
Enter new principal offices address, if applic	cable:		<u>,,, , , , , , , , , , , , , , , , , , </u>
(Principal office address MUST BE A STREI	ET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered o		idress on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	Livia Caudell		
New Registered Office Address: 4105 Residence Drive Unit 702			
	(Enter Florida street add		et address)
•	Ft Myers Florida	, Florid	a 33901
New Registered Agent's Signature, if changing	(City  Registered Agent:	9	(Zip Code)
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as reg	proper and complete pe istered agent as provid	erformance of my duties, an ed for in Chapter 608, F.S.	nd I am familiar with and Or, if this document is

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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u>l</u>		Add Remove
MGR	Michaela Frandrup	8853 Woodgrove Ridge Ct Boynton Beach Florida 33473	Add Remove
			Add Remove
	<u>.</u>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necessary.,	SECRETARY OF STA
Dated This 1	1th Day of July Signature of a	2008  member or authorized representative of a member	
	Livia Caudell	Typed or printed name of signee	<del></del> -

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