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EXAMINER



000135518740

09/18/08--01020--004 **25.00

08 SEP 18 PM12: 37

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Division of Corporations					
SUBJECT: OB Marco Isle LLC	6				
(Name of Limited Liability Company)	_				
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
David Pearson					
(Name of Person)					
Orion Bank					
(Firm/Company)					
PO Box 413040					
(Address)					
Naples, Florida					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
David Pearsonat (_941) 552-3737					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
✓ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is					

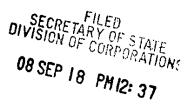
MAILING ADDRESS:

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



OB Marco Isle LLC				
(<u>Name of the Limite</u>	d Liability Compar	ny as it now appears on iability Company)	our records.)	
,	A T TOTAL EMITTE E	admity Company)		
The Articles of Organization for this Limited	Liability Company	were filed on Septem	ber 9, 2008	and assigned
Florida document number	·			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company,"	the designation "LL	.C" or the abbreviation
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
				
Established				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>s BOX)</u>			
				
B. If amending the registered agent and	l/or registered of	fice address on our i	records, enter th	e name of the new
registered agent and/or the new registered	office address her	2:		
Name of New Registered Agent:	N/A			
New Registered Office Address:				
New Registered Office Address.		(Enter 1	Florida street addi	ress)
			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 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>Address</u> Type of Action **Title** <u>Name</u> MGR Chris Briscoe 2150 Goodlette Road N ∎7 Add Naples, Florida Remove N/A Remove N/A Add 🗂 Remove N/A ☐ Add Remove N/A Add 🛅 Remove N/A Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 9, Signature of a member or authorized representative of a member **David Pearson** Typed or printed name of signee

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Filing Fee: \$25.00