L080000 44935

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

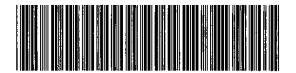
Special Instructions to Filing Officer:

A. LUNT

MAY 27 2008

EXAMINER

Office Use Only



300129915403

05/22/08--01014--024 ++25.00

RECRETARY OF STATE

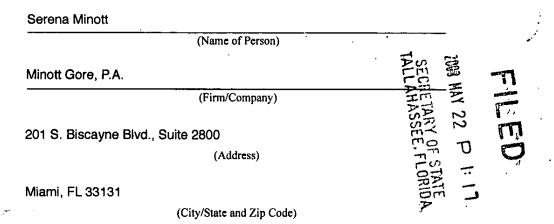
COVER LETTER

(Name of Limited Liability Company)

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Marlborough Bay, LLC	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

(Name of Person)

at (305) 913-1333

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing 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)

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

Marlborough Bay, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	ls.)
The Articles of Organization for this Limited Liability Compan	and assigned	
Florida document number L08000044935		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	TALL	SF in
(Principal office address MUST BE A STREET ADDRESS)	AHA	TAY T
		22
Enter new mailing address, if applicable:	FLO	תו ס
(Mailing address MAY BE A POST OFFICE BOX)		
	•	-
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida str	eet address)
	, Flori (City)	da (Zip Code)
	(~~)	(Lip Couc)

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>Title</u>	Name	Address	Type of Action
MGRM .	Marcia Forsythe .	1529 Woodbridge Lake Circle West Palm Beach, FL 33406	✓ Add ☐ Remove
MBR	Kayla S. King	1529 Woodbridge Lake Circle West Palm Beach, FL 33406	☑ Add ☐ Remove
MBR .	Rory A. King	1529 Woodbridge Lake Circle West Palm Beach, FL 33406	Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s)	SECRETAR 29 P 1: 17 NALLAHASS P STATE Attach additional sheets, if FLORIDA here: (Attach additional sheets)	Add Remove

Dated	5/19/08	• *	
		Silth	
		Signature of a member or authorized representative of a member	
	Serena	Minott, Esq.	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00