## L080000 67123

(Requestor's Name)
(Address)
(Address)
,
(City/Chate 77 in 17th and 18
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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OR AUG 26 PM 4: 36
SECRETARY OF STATE
ALLAHASSEE, FLORIE

J. BRYAN

AUG 26 2008

**EXAMINER** 

## **COVER LETTER**

	ration Section on of Corpora					
SUBJECT:	Alliga	itor Point Marin				
		(Name of Lin	nited Liability Company)			
The enclosed A	rticles of Amer	ndment and fee(s) are su	bmitted for filing.			
Please return al	l correspondence	ce concerning this matte	r to the following:			
		Emory Mayfield		<u>.</u>		
		Alligator Point	(Name of Person) Marina, LLC		<del></del> 1	
			(Firm/Company)		08 AU SECR	the state of
4223 Capital Circle, NW					IG 26 ETAR HASS	
Tallahassee, FL 32			(Address) 32303 (City/State and Zip Code)		AUG 26 PM 4: 36 CRETARY OF STAT LAHASSEE, FLORI	TI IT
					4: 36 STATE LORID	
For further info	rmation concer	ning this matter, please	call:			
Cathy May	field		at (850) 562-1022			
	(Name of Pers	oon)	(Area Code & Daytime	Telephone Number)		
Enclosed is a cl	neck for the foll	owing amount:				
× <b>₩ \$2</b> 5.00 Filin	g Fee 🚨	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Contains (additional	of Status &	)
MAILING ADDRESS:		STREET/COURIER Registration Section	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•								
Alligator Point Maria		•	为 三 们					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)								
(A Florida Limited)	Liability Company)	•	SS 6					
			m-< -> m					
The Articles of Organization for this Limited Liability Company	were filed on	7/11/08	and assimed					
1,000,000,71,00			70 F 0					
Florida document number LU8000067123			ORE 36					
,			<b>三</b>					
This amendment is submitted to amend the following:			75					
ins ancimient is sublined to anend the following.								
A. If amending name, enter the new name of the limited liab	nility company he	re.						
A. Is amending name, enter the new mains of the minister name	naty company ne	<u></u> .						
The new name must be distinguishable and end with the words "Lim	ited Liability Comp	any," the designation '	LLC" or the abbreviation					
"L.L.C."		•						
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDRESS)								
[Frincipul office undress MOST DE A STREET ADDRESS]								
·								
	A173	am Datus Mart	* T ^					
Enter new mailing address, if applicable:		or Point Marina						
(Mailing address MAY BE A POST OFFICE BOX)	4223 Ca	pital Circle, N	1M					
[Printer of the control of the contr	T-11-L	- DI 2000						
	Tarrana.	ssee, FL 32303						
		•						
B. If amending the registered agent and/or registered of	fice address on	our records, enter	the name of the new					
registered agent and/or the new registered office address her								
	<del></del>							
•								
Name of New Registered Agent:								
,								
New Registered Office Address								
	Œ	inter Florida street ac	idress)					
		, Florida	_ <del></del>					
	(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>	Name	Address	Type of Action
MGRM	Emory L. Mayfield, Sr.	4223 Capital Circle, NW Tallahassee, FL 32303	XXXX Add Remove
	·		Add
			Add Remove
<del></del> .		· · · · · · · · · · · · · · · · · · ·	Add
· 			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter cha	inge(s) here: (Attach additional sheets, if necess	SECHE SECHE
Dated	August 26, 2008	ali Se	26 PM 4: 36 SSEE FLORIDA
	Emory L. Mayfield, S	ber or subsorized representative of a member r .  ed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00