Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000338621 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941)639-1158
Fax Number : (941)639-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARINA PARK REALTY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 DEC 27 AM 10: 15
SECRETARY OF STATE
JALLAHASSEE, FLORID

Electronic Filing Menu

Email Address:_

Corporate Filing Menu

Help

K SALY DEC 28 2017

irm FAX No. 941-839-0028 P. 002 H 17000 338 6/21 5

COVER LETTER

TO:	Registration Sec Division of Corp			
		ark realty holdings, i	TC	
SUBJE	CT:	Name of Limit	ed Liability Company	
The enc	losed Articles of a	Amendment and feo(s) are subm	nined for filing.	
Please 1	eturn all correspon	ndence concerning this matter to	o the following:	
		David A. Holmes, Esq.		
			Name of Person	
		Fart, Fart, Emerich, Hacket	it, Carr and Holmes, P.A.	
			Firm/Company	
		99 Nesbit Street		
			Address	
		Punta Gorda, FL 33950		
			City/State and Zip Code;	
		kblack@farr.com; dholmes@	& farr.com	
For fur	ther information o	E-mail address: (t concerning this matter, please ca	to be used for future annual report notificall:	-au-04)
David	Holmes		941 505-9975 at () 	Talanhona Number
	Name (of Person	Ales Code Dayume	· · · · · · · · · · · · · · · · · · ·
Enclos	ed is a check for t	he following amount:		
≅ \$2	5.00 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 (sadditional 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 Erroutive Center Circle Tellahahsee, FL 32301

は 1カスカム タフロナ・コイツ

HT10005566415

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MARINA PARK REALTY HOLDINGS, I	LLC	±'·····
(Name of the Limited Liab (A Flori	ility Company as it now noveats on our records.) ida Limited Liability Company)	
he Articles of Organization for this Limited Liability lorida document number L09000049109	Company were filed on 05/20/2009	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	<u></u>	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADI</u>		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>en</u> iddress here:	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	i illia (), Florid	la.
	, FIORG	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 605, 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

Page 1 of 3

□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = 1 $AMBR = 1$	Manager Authorized Member	e stal	
<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Rebecca Dewey	14850 TAMIAMI TRAIL	
		NORTH PORT, FL 34287	Remove
		:.	Change
			☐ Remove
	·		20 DEC 27
			SAR I
			□ Enánge 5
			Remove
			☐ Change
			
			□ Remove
			Change
			□ Add
			□ Ramove

		- 		·
		<u>. </u>		
				1 29
				200
				(C)
				ROF B
				- Or
			_ 	
				
		<u> </u>		
				
ffective date, if other than the dan effective date is listed, the date must be	ate of filing:		(optional))
lata: It the date inserted in this bloc	к сосущо, шест шо щурга	DEDIC States of James v	than 90 days after filing equirements, this date	: will not be listed a:
ocument's effective date on the Dep	artment of State's record	5.	•	
e record specifies a delayed	effective date, but n	ot an effective tim	ne, at 12:01 a.m.	on the earlier o
The 90th day after the reco	rd is filed.			
December 27	2017			
Pated	<u> </u>	 ·		
Kam	ignature of a member or aut	havinad rangeemitative of	a member	
 ~ ~				

Page 3 of 3

Filing Fee: \$25.00