

LO910000078659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

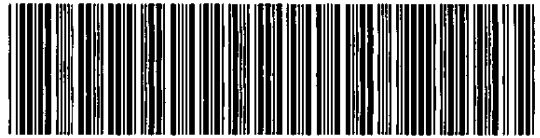
Special Instructions to Filing Officer:

L. SELLERS

SEP. - 2 2009

EXAMINER

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08/31/09--01018--011 **25.00

09 AUG 31 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Summerland Key Marina LLC
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:

Adam W. DeSanctis

Name of Person

DeSanctis Insurance Agency, Inc.

Firm/Company

36 Cummings Park

Address

Woburn, MA 01801

City/State and Zip Code

a.desanctis@desanctisins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam W. DeSanctis

Name of Person

at (781)

935-8542

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**

Summerland Key Marina LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 14, 2009 and assigned
Florida document number L09000078659.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

24326 Overseas Highway

Summerland Key, FL 33042

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Adam W. DeSanctis

36 Cummings Park

Woburn, MA 01801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE FLORIDA

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

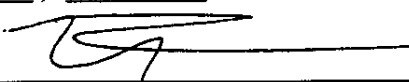
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Louis W. Mountzoures	11 Main Street	<input type="checkbox"/> Add
		Suite 16	<input checked="" type="checkbox"/> Remove
		Southborough, MA 01772	
MGR	Adam W. DeSanctis	36 Cummings Park	<input checked="" type="checkbox"/> Add
		Woburn, MA 01801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 28, 2009



Signature of a member or authorized representative of a member

Louis W. Mountzoures

Typed or printed name of signee

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 TALLAHASSEE FLORIDA