

L10000056375

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B. KOHR
FEB 21 2011
EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 17 AM 9:31

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOCKSIDE MARINA AT CLEARWATER BEACH, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Brittany Sprague

Name of Person

Firm/Company

11953 W. Colonial Drive

Address

Ocoee, FL 34761

City/State and Zip Code

HPBusinessMail@yahoo.com

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

For further information concerning this matter, please call:

Heather Perkins

Name of Person

at (**407**)

905-6600 Ext 228

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**

DOCKSIDE MARINA AT CLEARWATER BEACH, LLC

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 FEB 17 AM 9:31

The Articles of Organization for this Limited Liability Company were filed on May 24, 2010 and assigned

Florida document number L10000056375.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

DOCKSIDE MARINA AT CLRWTR BEACH, LLC

11953 WEST COLONIAL DRIVE

OCOE, FL 34761

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>BRITTANY SPRAGUE</u>	<u>11953 WEST COLONIAL DRIVE</u> <u>OCOFEE, FL 34761</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>ARTHUR SPRAGUE</u>	<u>11953 WEST COLONIAL DRIVE</u> <u>OCOFEE, FL 34761</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>DAVID BRANNON</u>	<u>12130 SKYVIEW LANE</u> <u>CLERMONT, FL 34715</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>MAXINE GORDEY</u>	<u>11953 WEST COLONIAL DRIVE</u> <u>OCOFEE, FL 34761</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 2-14-11, _____



Signature of a member or authorized representative of a member

BRITTANY SPRAGUE

Typed or printed name of signee