# #11000094825

(Requestor's Name)
(Address)
(Addiess)
(Address)
(0), (0), (-7), (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400197651774

03/16/11--01009--014 \*\*25.00

TIMAR 16 PH 2: 01

K. SALY EXAMINER MAR 1 7 2011

### **COVER LETTER**

Division of Co	orporations					
SUBJECT:	MARKER 28, LLC					
,		ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are suf	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		JOSEPH COTHERN				
		Name of Person				
	MARKER 28, LLC					
	Firm/Company					
	19001 SAN CARLOS BLVD					
	Address					
	FORT MYERS BEACH, FL 33931 City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	call:				
JOSI	EPH COTHERN	at ( <u>419</u> ) 2  Area Code & Daytime	15-5601			
Name	of Person	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)			
MAII INC ADDDESS.		STDFFT/COUDIE	D ANNDESS.			

#### MAILING ADDRESS:

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION

, , , Ol	ि		FILED
		1	FILED 11 MAR 16 PM 2:01
MARKER	28, LLC	5. f.	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears of iability Company)	on our records:)A[	LAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	09/10/10	and assigned
Florida document numberL1000094825			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company	" the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<del> </del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		

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:

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.

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 **Title** <u>Name</u> **Address Type of Action** Edacwater Investments 19001 San Carlos Blvd
Fort Myers Beach MGRM ☐ Add Remove FL 33931 David C. Hehl 19001 San Carlos Blvd MGRM\_ **✓** Add Fort Myers Beach Remove FI 33931 ☐ Remove  $\prod Add$ Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 3eb 3 DOLL Signature of a member or authorized representative of a member

Page 2 of 2

**Filing Fee: \$25.00** 

Typed or printed name of signee