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COVER LETTER

TO:

Registration Section Division of Corporations

7 FLORIDA DUNNELLON LLC SUBJECT: 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: JOAN MARMARELLIS Name of Person FLORIDA DUNNELLON LLC Firm/Company 804 SOUTH NEWPORT AVE Address TAMPA, FL 33606 City/State and Zip Code MARMFAGER@MAC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOAN MARMARELLIS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA DUNNELLON LLC	7010 010 010 010
(Name of the Limite	7019 070 19 011 2: 43 ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	(A) Tortua trimined triuting Company
The Articles of Organization for this Limited Li	ability Company were filed on JUNE 13.2011 and assigned
Florida document number 1.11000068861	
Florida document number	·
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The same agest he distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the w	Miles Difference Company, the congress of the control of the contr
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
ermen office and the second	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
Frank, marcas mili	
B. If amending the registered agent and/or i	registered office address on our records, <u>enter the name of the new register</u>
agent and/or the new registered office addre	ss nere:
Name of New Registered Agent:	Joan Marmarellis
New Registered Office Address:	804 South Newport Ave.
New Registered Office Address.	Enter Florida street 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 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.

City

Tampa

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PETER MAZUR	17748 SW 11TH PLACE DUNNELLON, FL 34436	= Add
			□Remove
			Change
AMBR	SPARKS PLAYGROUND, LP	804 S NEWPORT AVE. TAMPA, FL 33606	□Add
			Remove
			□ Change
MGR	JOAN MARMARELLIS	804 S NEWPORT AVE. TAMPA, FL 33606	= Add
			🗀 Remove
			□Change
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			Change

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