L11000093588

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration ? Division of Co			· Pr
SUBJECT:	LINDEI	N YACHT, LLC	
SUBJECT.		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Daniel Gabier	
		Name of Person	
		Linden Yacht, LLC	
		Firm/Company	
		133 Dylan Lane	and the second s
		Address	
		New Bern, NC 28562	····
		City/State and Zip Code	
	E-mail address: (Igabier1@gmail.com to be used for future annual report notific	ation)
For further information	concerning this matter, please	call:	
D	aniel Gabier	at (252)	66-0140
Name of Person		Area Code & Daytime	
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		STREET/COURIE Registration Section	
Division of Corporations		Division of Corporat	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linden Yacht, L	LC_				
(Name of the Limited Liability Company as it) (A Florida Limited Liability	now appo Company	ears on our records.)	·		
The Articles of Organization for this Limited Liability Company were fi	led on _	August 15, 201	1	and ass	igned
Florida document numberL11000093588					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability co	npany h	ere:			
The new name must be distinguishable and end with the words "Limited Liab"L.L.C."	ility Com	pany," the designation	"LLC"	or the a	bbreviation
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)					
B. If amending the registered agent and/or registered office ad-	dress on	our records, enter	then	iam <u>e o</u>	f the new
registered agent and/or the new registered office address here:			TAL	===	
Name of New Registered Agent:			CRET	AGN.	Π
New Registered Office Address:			ARY SEE	-7	-
	1	Enter Florida street ac	deress		
City		, Florida _	85 86	10 in 133 da	,
Chy			5 2	p wo ut	,

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 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>	Address	Type of Action
MGRM	Paula Gabier	133 Dylan Lane New Bern, NC 28562	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hänge(s) hère: (Attäch äddittönäl sheets, if necessary.)	_
			_
 Dated	October 7	2011	_
	Tan	ember or authorized representative of a member	
		Daniel Gabier	
		Typed or printed name of signee	

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Filing Fee: \$25.00