Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000168363 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this

page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FORSYTH & BRUGGER, P.A.

Account Number: I20040000147

Phone Fax Number : (239)263-6000

: (239)263-6757

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: 3BRU66ER @ FORSYTH BRU66ER COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 268 MOORING LINE, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

L.SAULSBERRY EXAMINER

JUL 30 2013

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

268 MOORING LINE, LLC		·
(Name of the Limited I. (A F	lability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia Florida document number L11000101059	bility Company were filed on 09/02/2	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to amend the follow.		2813 JUL 29
The new name must be distinguishable and end with "L.L.C."		the designation "LLC;" or the breviation
Enter new principal offices address, if applica	ble:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>	
B. If amending the registered agent and/or registered agent and/or the new registered off		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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

Page 1 of 3

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>	Mana	مادر المادر في	Francia & Antion
MGR	<u>Name</u> BARBARA E. SMITH	Address 305 NEPTUNES BIGHT	Type of Action
	SARSARA E. GWITT	303 NET TONES BIOTTI	_ ✓ Add
		NAPLES, FL 34103	Remove
			_
			r Add
			Remove
		Por Control of the Co	Remove 29
		ಇವ	m
***************************************		T STATE	∧dd · · ·
		3 4-	Remove
	•		Add
			Remove
			Add
			Remove
			Add
			Remove

If amend	ding any other information, en	ter change(s) here:	(Attach additional sheets, if necessary.)	
_				
				-
_{ted} 7/2	9/2013	, ,		
	()	f a member or authorize	zed representative of a member	
	John N. Brugger			
	· —— — · · —— · · · — · · · · · · · · ·	Typed or printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00

2013 JUL 29 AM 8: 20