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(Re	equestor's Name)	<u>-</u>		
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone #	9		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Name)		
	ocument Number)			
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B. BOSTICK

SEP - 6 2012

EXAMINER

COVER LETTER

10:	Division of Cor						
CIÍDII	CT.	, FRANKI	LIN 2012, LLC				
SUBJE	sc1:		ed Liability Company		(
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		J	OEL F MARTINEAU				
			Name of Person				
		WELKI	ER HARRIS & COMPA	NY			
	Firm/Company						
	4575 VIA ROYALE, SUITE 218						
			Address				
		F0	RT MYERS, FL 33919				
			City/State and Zip Code			بي	
			WELKER-HARRIS.CC to be used for future annual report			2 SE	4
For fur	ther information c	oncerning this matter, please c	all:			12 SEP -5	S. S
	JOEL	MARTINEAU	at (239)	278-1003		PH	: d
	Name o	f Person		aytime Telephone Number	SECTION AND A SECTION ASSECTATION AS	PN 12: 31 ·	٠.٠
Enclos	ed is a check for the	ne following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	losed) Certified	te of Statu		ed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration of C Division of C Clifton Build	orporations ing ve Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FR/	ANKLIN 2012, LLC				
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appear da Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Florida document number	· · · —	JUNE 20, 2012	_ and assign	ned	
This amendment is submitted to amend the following	i :				
A. If amending name, enter the new name of the l	limited liability company he	ere:			
M	IDWAY H2O, LLC				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "LL	C" or the abb	reviatio	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)				
			75		
		r }	38		
Enter new mailing address, if applicable:			, TO	के हूं 62 % (144 - •	
(Mailing address MAY BE A POST OFFICE BOX)	1		. O	و سودر و	
	W			(***)	
			<u></u> ω	,	
B. If amending the registered agent and/or reregistered agent and/or the new registered office a	gistered office address on ddress here:	our records, enter the	name-of t	he nev	
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action **Title** Address Name ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 🗹 Signature of a member or authorized representative of a member THOMAS R GRADY, TRUSTEE OF THE ISLAPARK MGMT TRUST, MANAGER

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00