## L12000157772

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT.

Anchors Aweigh Marina, LLC.

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:

Charles Shoup, Sr.

Name of Person

Taylor Creek Marina, LLC.

Firm/Company

1600 N. 2nd Street

Address

Fort Pierce, FL 34950

City/State and Zip Code

taylorcreekmar@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meghan Haynes

\_\_*,*772*,*595-6800

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)

**MAILING ADDRESS:** 

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 TO ARTICLES OF ORGANIZATION OF

FILED

12 DEC 31 PH 4: 09

Anchors Aweigh Marina LLC		SECRETARY OF STATE
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)(ALL AND SEEL 中,但内障
The Articles of Organization for this Limited Liability (	Company were filed on 12/18/2012	and assigned
Florida document number L12000157772	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Taylor Creek Marina LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	4000	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	# . PI -1	
	Enter Florida s	treet address
	, Flo	orida Zip Code
	Cuy	Zip Coae

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> **Name Address Type of Action Nancy Shoup** 1600 N. 2nd Street **MGRM** Fort Pierce, FL 34950 Remove Remove Remove

). If amending any other information, ento	er change(s) here:	(Attach additional sheets, if necessary.)
•		
<del>.</del>		
ated December 28	2012	
ated		
	nember or authoriz	zed representative of a member
Richard W. Bradley		

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00