L12ccc/61547

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COVER LETTER

Tallahassee, FL 32314

	Registration Division of C	Section Corporations				
SUBJEC	***	ey Dock, LLC				
SUBJEC	, I :	Name of Lin	nited Liability Company			
The encle	osed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corre	spondence concerning this matter	to the following:			
		John McPherson				
			Name of Person			
			Firm/Company			
		P.O. Box 921		,1		
			Address			
		Cedar Key Fl. 32625				
		 	City/State and Zip Code			
		jkmcpherson316@gmail.ec				
		E-mail address; (to be used for future annual report no	tification)		
For furth	er informatio	n concerning this matter, please o	alt:	Γ_{ij}^{α} ω		
John Mc	Pherson		352 317-7431			
.,	Nam	e of Person		ne Telephone Number		
Enclosed	is a check fo	r the following amount:				
■ \$25.0	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 Add		Street Address:			
	Registratio	n Section Corporations	Registration Section Division of Corporations			
	P.O. Box 6	-	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cedar Key Dock, LLC (Name of the Limited Liability Com	ipany as it now appears on our records.) d Liability Company)	
(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on December 6, 2012	and assigned
Florida document number L12000161549		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
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		•
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
		- i ω
B. If amending the registered agent and/or registered offic	a udduses un our masanda antarth	1
b. If amending the registered agent and/or registered office address here:	e address on our records, enter th	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John K McPherson	P.O. Box 921	
		Cedar Key FL 32625	■Remove
			[]Change
AMBR	Chad Vogelheim	1444 Fairwood Drive	
		Traverse City MI 49696	□Remove
			☐Change
AMBR	Kendra Vogelheim	1444 Fairwood Drive	∰Add
		Traverse City MI 49696	□ Rеточе
			Change
	 		□Add
			Remove
			Change
	 		Add
			☐Remove
			□Change
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ctive date, if other effective date is listed, the	than the date of	filing:	- L. CCP	4 00 1	_(optional)	
:: If the date inserted	I in this block does	not meet the appl	icable statutory	filing requireme	nts, this date wi	ill not be listed
iment's effective date	e on the Departmen	it of State's record	i s.			
ord specifies a delayo	ad offactive date. b	ut not an effective	time at 12:01 a	m on the earlie	erafi(b) The S	Mth day after t
filed.	or effective date, or	ar not an errective		in on the carre		our any unter a
April 20		2024		,		
d April 29	<u> </u>		·			
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Filing Fee: \$25.00