## 113000008705

(R	equestor's Name)	
(Address)		
(A	ddress)	
(C	ity/State/Zip/Phone #	)
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## COVER LETTER

1.

	ation Section  of Corporations	
SUBJECT:	tero Bay Marine, LLC	
SOBILCT.	Name of Limited Liability Company	
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	Samuel A. Falcone Jr.	
	Name of Person	
	Firm/Company	
	15 Public Square, Suite 210	
	Address	
	Wilkes-Barre, PA 18701	
	City/State and Zip Code	
	s.falcone@ymail.com	
	E-mail address: (to be used for future annual report notification)	201
For further info	mation concerning this matter, please call:	<b>温</b> 角的
Samuel A.	alone, Jr., Esq 570 823-0101	C -8
Enclosed is a c	Name of Person Area Code Daytime Telephone Number eck for the following amount:	PH 12: 08
■ \$25.00 Fili	g Fee \$\sum \$30.00 \text{ Filing Fee & } \sum \$\$55.00 \text{ Filing Fee & } \sum \$\$60.00 \text{ Filing Fee & } \text{ Certificate of Status } \text{ Certified Copy } \text{ Certified Copt if additional copy is enclosed)} \text{ Certified Copt } \text{ Certified Copt } \text{ Certified Copt is enclosed} \text{ Certified Copt } \text{ Certified Copt is enclosed} \text{ Certified Copt } \te	of Status &

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

Estero Bay Marine, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000008705	were filed on January 16, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14677 Speranza Way	
(Principal office address MUST BE A STREET ADDRESS)	Bonita Srpings, FL 34135	2014
Enter new mailing address, if applicable:	14677 Speranza Way	9-2388 VIII
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL 34135	7.0
B. If amending the registered agent and/or registered o		r the name of the new
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bill Fraser	2143 Monastery Circle	DAdd
		Orlando, FL 32822	■ Remove
MGR T	Thomas Kretchik	14677 Speranza Way	<b>A</b> dd
		Bonita Springs, FL 34135	□ Remove
			Add Remove
			Add Park Remarks
			8 PH 12:40 B
			Add / Remove

if amending any other information, enter change(s) here: (A	Attach additional sheets, if necessary.)
·	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed of the date this document is filed by the Florida Department of State)	(optional) date and cannot be more than 90 days after
Dated December 3 , 2014 /.	
Signature of a member of authorize	d representative of a member
Thomas Kretchik	
Typed or printed na	ime of signee

Page 3 of 3

Filing Fee: \$25.00

