L170000 080188

(Requestor's Name)				
(Address)				
(Addr	ess)			
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2014

CHRISTOPHER MARTIN 12575 BRADY PLACE BLVD JACKSONVILLE, FL 32223

SUBJECT: BOATDOCK SAINTS LLC

Ref. Number: L13000080188

We have received your document for BOATDOCK SAINTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00000467

N 6.3

COVER LETTER

è		istration Section sion of Corporations				
	SUBJECT:	Boatdock Saints LLC				
		Name of Limited Liability Company				
	The enclosed	The enclosed Articles of Amendment and fee(s) are submitted for filing.				
	Please return	all correspondence concerning this matter to the following:				
		Christopher R. Martin				
		Name of Person				
		Boatdock Saints LLC				
		Firm/Company				
		12575 Brady Place Blvd				
		Address				
	٠	Jacksonville, Fl. 32223				
		City/State and Zip Code				
		BoatdockSaints@gmail.com E-mail address: (to be used for future annual report notification)				
	For further in	formation concerning this matter, please call:				
	(Christopher R. Martin at (904) 704-3483				
		Name of Person Area Code Daytime Telephone Number				
	Enclosed is a	check for the following amount:				
	\$25.000	ing Fee \$\bigsiz \\$30.00 \text{ Filing Fee & \$\bigsiz \\$55.00 \text{ Filing Fee & \$\bigsiz \\$60.00 \text{ Filing Fee, } \\ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy &				

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

BOATDOCK S	SAINTS LLC			
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL13000080188	were filed on6/3/2013 and assigned			
This amendment is submitted to amend the following:	·			
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	12575 Brady Place Blvd			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl. 32223			
•	<u> </u>			
Enter new mailing address, if applicable:	12575 Brady Place Blvd			
(Mailing address MAYBE A POST OFFICE BOX)	Jäcksönville, Fl. 32223			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address on our records, enter the name of the ne			
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, 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
MGRM	Caroline R. Ross	12575 Brady Place Blvd	∴∏Add
		Jacksonville, Fl. 32223	Remove
MGRM	Ronald Martin	7850 NE 35 AVE	Add
		Highsprings, FI 32643	Remove
			Add
			Remove
			Add
			Remove
			_∏Add
			Remove
			∏Add
			Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary)	1
			- 3 - 3
		77: 77: 71:	_ 0 :
		F.: c	- 2
Dated	12/29,	2013	_
	02	12/0 12	129/2013
	Signature of a n	nember or authorized representative of a member	
		Christopher Martin Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00