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SECTIONS OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LFB Mai	Name of Limited Liability Company	
The enclosed Articles of Amendment and	d fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
<u> Fra</u>	unca Bertolini Name of Person	_
	Firm/Company	_
<u>3020</u>	NE 188th St APT LIC	<del>2</del> 7
- A Fran	City/State and Zip Code  ncabertolini a hot mail: Lom  E-mail address: (to be used for future annual report notification)	- CEUT
For further information concerning this n		
Franca Bertoli: Name of Person	at (786) 352163 5  Area Code Daytime Telephone Number	FILL STATE STATE STALL ARASSITE, FL
Enclosed is a check for the following am	ount:	,
\$25.00 Filing Fee	ate of Status Certified Copy Certific (additional copy is enclosed) Certific	eate of Status &
Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LFB Marina	2014 UC
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L140000 7 92</u>	mpany were filed on 05/15/20/4 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2023 NOV -3 AH
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Now Design and Assetts Characters of the sales Designand	\$\$.

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elizabeth Gratzer	3029 NE 188th St APT 4	(6) XiAdd
		Aventura, F1 33180	□Remove
			□Change
			□Add
			🗆 Rеточе
			□Change
			Delange
			Dange FT D
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		<u> </u>	□Change
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			□Change

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Filing Fee: \$25.00