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| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
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| (Ci                     | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificate:       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se Division of Cor |   |  |  |
|-------------------------------------|---|--|--|
| Gator's Do                          | ckside of Spring Hill, LLC  |  | •  |
| SUBJECT:                            | Name of Limi  | ited Liability Company   |  |
| The enclosed Articles of            | Amendment and fee(s) are sub-   | mitted for filing.   |  |
| Please return all correspo          | ondence concerning this matter  | to the following:  |  |
|                                     | Gerald J. Roberts III   |  |  |
|                                     |   | Name of Person   |  |
|                                     | Gator's Dockside of Spring  | ; Hill, LLC  |  |
|                                     | <u> </u>  | Firm/Company   | ·  |
|                                     | 4329 Commercial Way   |  |  |
|                                     |   | Address  |  |
|                                     | Spring Hill, FL 34606   |  |  |
|                                     |   | City/State and Zip Code  |  |
|                                     | Jerry@jrmgmt.com  | to be used for future annual report notif  |  |
|                                     |   | ·  | (canon)  |
| For further information (           | concerning this matter, please ca   | all:   |  |
| Gerald J. Roberts III               |   | 352 494-7662<br>at ( )   |  |
| Name o                              | of Person   |  | Telephone Number   |
| Enclosed is a check for t           | he following amount:  |  |  |
| \$25.00 Filing Fee                  | □ \$30.00 Filing Fee &<br>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) |
| Regist<br>Divisio<br>P.O. B         | ING ADDRESS:<br>ration Section<br>on of Corporations<br>lox 6327<br>assee, FL 32314 | STREET/COURING Registration Section Division of Corport Clifton Building 2661 Executive Center of the Court o | n<br>ations  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gator's Dockside of Spring Hill, LLC   |  |  |
|--|--|--|
| ( <u>Name of the Limited Liabili</u><br>(A Florida   | ity Company as it now appears on our recor<br>a Limited Liability Company) | <u>'ds.</u> )                          |
| The Articles of Organization for this Limited Liability C  | Company were filed on May 29, 2014   | and assigned                           |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the lim   | uited liability company here:  |  |
| The new name must be distinguishable and contain the words "Lim                                  | nited Liability Company," the designation "LL                              | C" or the abbreviation "L.L.C."        |
| 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)            |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | stered office address on our recordress here:                              | A G                                    |
| Name of New Registered Agent:  |  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| New Registered Office Address:   | Enter Florida street addr  | ess                                    |
|  | ī  | Florida                                |
| <del></del>  | City   | Zip Code                               |
| New Registered Agent's Signature, if changing Registered   | ed 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> | Name               | Address               | Type of Action   |
|--------------|--------------------|-----------------------|--|
| MGR          | Sabrina N. Roberts | PO Box 358874         |  |
|              |                    | Gainesville, FL 32635 | □ Remove   |
|              |                    |                       | □ Change   |
|              |                    |                       | Add  |
|              |                    |                       | ☐ Remove   |
|              |                    |                       | □ Change   |
|              |                    |                       | □ Add  |
|              |                    |                       | Remove   |
|              |                    |                       | Ghange Signature |
|              |                    |                       | ☐ Change   |
|              |                    |                       | Add  |
|              |                    |                       | □ Remove   |
|              |                    |                       | □ Change   |
|              | <del> </del>       | <del> </del>          | Add  |
|              |                    |                       | □ Remove   |
|              |                    |                       | ☐ Change   |

| etive date, if other than the date of filing:    State   State |  |                                       |
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| ective date, if other than the date of filing:    8/25/2015   (optional)   |  |                                       |
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| tive date, if other than the date of filing:    8/25/2015   (optional)   |  |                                       |
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| crive date, if other than the date of filing:    S/25/2015   Coptional   |  |                                       |
| ctive date, if other than the date of filing:  [Solution 2]  [Solution 3]  [Solution 3]  [Solution 4]  [Solution 3]  [Solution 4]  [Solution 4]  [Solution 4]  [Solution 4]  [Solution 4]  [Solution 5]  [Solution 6]  [Solution 6]  [Solution 6]  [Solution 6]  [Solution 6]  [Solution 6]  [Solution 7]  [Solution 8]  [Solution 6]  [Solution 8]  [Solution 8 |  |                                       |
| effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.  The ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.  |  | ₩ CO                                  |
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| ×1 8/28/15   |  |                                       |
| ed 8/38/15   |  |                                       |
|  | he 90th day after the record is filed.             |                                       |
|  |  |                                       |

Page 3 of 3

Filing Fee: \$25.00