

L150000944 63

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

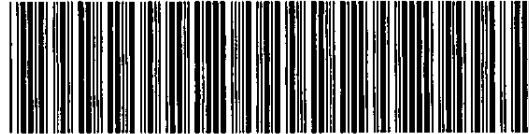
(Business Entity Name)

(Document Number)

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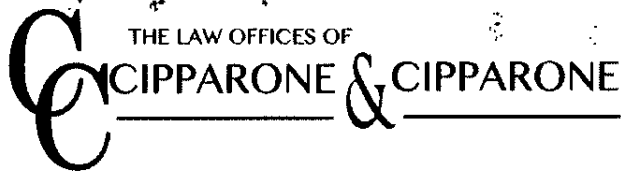


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FILED  
2015 JUN 29 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Gulligant JUN 30 2015



June 26, 2015

**Via Regular U.S. Mail**

**Senders Email: [pcipparone@cipparonepa.com](mailto:pcipparone@cipparonepa.com)**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Amendments to Articles of Organization for Gator's Dockside at Murabella, LLC  
Document No.: L15000094463

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization for Gator's Dockside at Murabella, LLC, and a check for \$25.00 to file same. Should you have any questions, please do not hesitate to contact me.

Best Regards,

Paul C. Cipparone

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gator's Dockside at Murabella, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Cipparone

\_\_\_\_\_  
Name of Person

Cipparone & Cipparone, P.A.

\_\_\_\_\_  
Firm/Company

1540 International Parkway, Suite 1060

\_\_\_\_\_  
Address

Lake Mary, Florida 32746

\_\_\_\_\_  
City/State and Zip Code

pcipparone@cipparonepa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Cipparone

321

275-5914

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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**

FILED  
2015 JUN 29 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Gator's Dockside at Murabella, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 29, 2015 and assigned  
Florida document number L15000094463.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paul Cipparone	1331 S. International Parkway, Suit <input type="checkbox"/> Add	
		Lake Mary, Florida 32746 <input checked="" type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
MGR	Paul Cipparone	1331 S. International Parkway, Suit <input checked="" type="checkbox"/> Add	
		Lake Mary, Florida 32746 <input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 24, 2015

e 24 \_\_\_\_\_, 2015 \_\_\_\_\_.

 \_\_\_\_\_

Signature of a member or authorized representative of a member

Paul Cipparone

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Typed or printed name of signee