## L16000057-337

| ·· (Re                  | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
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## RECEIVE

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2016

ALBERT L KELLEY 926 TRUMAN AVE KEY WEST, FL 33040

SUBJECT: BUTLER MARINA, LLC Ref. Number: L16000057337

We have received your document for BUTLER MARINA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Letter Number: 716A00007309

Yasemin Y Sulker Regulatory Specialist II

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Butler Marina, LLC   |   |                           |
|--|---|---------------------------|
| (Name of the Limited Lia<br>(A Fig.  | ibility Company as it now appears on our records.) orida Limited Liability Company) |                           |
| The Articles of Organization for this Limited Liabilit Florida document number L16000057337    | y Company were filed on 03/21/2016  | and assigned              |
| This amendment is submitted to amend the following   | g;  |                           |
| 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 AD  | DDRESS)   |                           |
| Enter new mailing address, if applicable:  |   |                           |
| (Mailing address MAY BE A POST OFFICE BOX  | 2   |                           |
| B. If amending the registered agent and/or re  | accistance office address on our records a  | ntor the name of the n    |
| B. If amending the registered agent and/or registered agent and/or the new registered office a |   | inter the names of the n  |
|  |   |                           |
| Name of New Registered Agent:  |   | B B                       |
| New Registered Office Address:   |   | 5 N 10                    |
|  | Enter Florida street address  | 13                        |
| <del></del>  | , Florid  | Zip Code                  |
|  | CHY   | esp cour                  |

## 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

| Title                                   | <u>Name</u>          | Address                     | Type of Action  |
|---|----------------------|-----------------------------|---|
| MGR                                     | Robert A. Butler, Jr | 926 Truman Ave              |   |
|   |                      | Key West, FL 33040          | <b>□</b> Remove   |
|   |                      |                             | ☐ Change  |
| MGR                                     | Alberto Benamu       | 333 Seventh Ave., 3rd Floor | ■ Add   |
|   |                      | New York, NY 10001          | □ Remove  |
|   |                      |                             | ☐ Change  |
|   |                      |                             | Add   |
|   |                      |                             | Remove  |
|   |                      |                             | Change  |
| *************************************** |                      |                             | Add?  |
|   |                      |                             | □ Remove  |
|   |                      |                             | Change C |
|   |                      |                             | □ Remove  |
|   |                      |                             | ☐ Change  |
|   |                      |                             | Add   |
|   |                      |                             | Remove  |
|   | ·                    |                             | ☐ Change  |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if no  | cccasary.y                 |                 | _            |
|---|----------------------------|-----------------|--------------|
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| Effective date, if other than the date of filing:(op  | ntional)                   | PX              | . ,          |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records. | ter filing:) Pursu         |                 |              |
| the record specifies a delayed effective date, but not an effective time, at 12:03 ) The 90th day after the record is filed.  | l a.m. on th               | ne earl         | ier of:      |
| Dated 4-15-16,  |                            |                 |              |
| Dated 4-15-16,  |                            |                 |              |
| Signature of a member or authorized representative of a member  |                            |                 |              |
| 7 / / 0 7 // 1  |                            |                 |              |
| Robert A. Butter de Typed or printed name of signee   |                            |                 |              |

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Filing Fee: \$25.00