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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			-
our.	MARINA-	I, LLC		
SUBJ	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		KIMBERLY BARTLETT	7	
		-	Name of Person	
For furthen Nancy B		MARINA-1, LLC		
			Firm/Company	
		230 CANAL BLVD., SUI	ITE 4	
			Address	
		PONTE VEDRA BEACH	I, FL 32082	
			City/State and Zip Code	
		KBARTLETT@PONTEVI		
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please c	all:	
Nancy	Buchanan		904 285-9993, ex	t. 2
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 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

MARINA-1, LLC	1	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compalorida document number L17000030065	ny were filed on FEBRUARY 9, 2017	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		验 夏 3
		28

nter new mailing address, if applicable:		P
••		<u>- Σ</u>
Agiling address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	· · · · · · · · · · · · · · · · · · ·	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	C - Cl H - H	
	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>	Address	Type of Action
MGR	KIMBERLY BARTLETT	230 CANAL BLVD., SUITE 4,	= Add
		PONTE VEDRA BEACH FL 3208	□ Remove
			Change
MGR	BARON BARTLETT	230 CANAL BLVD. SUITE 4,	
		PONTE VEDRA BEACH FL 3208	■ Remove
			Change
			
			Remove
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			7AE 0 Add - Add - 10 Add - 10 Add - 10 Add
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuar	
ument's effective date on the Department of State's records.	ming requirements, this date with not	or maca a
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the	earlier o
The sources are record is med.		
ed 11/20/17		
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	ativa of a mambas	
The state of the s	auve of a member	
Signature of a member or authorized represents Line Bency BA2 Typed or printed name of signe		

Page 3 of 3

Filing Fee: \$25.00