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11/24/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARINA-1, 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:

KIMBERLY BARTLETT

Name of Person

MARINA-1, LLC

Firm/Company

230 CANAL BLVD., SUITE 4

Address

PONTE VEDRA BEACH, FL 32082

City/State and Zip Code

KBARTLETT@PONTEVEDRALAW.COM

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

For further information concerning this matter, please call:

Nancy Buchanan

904 285-9993, ext. 2
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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>
MGR	KIMBERLY BARTLETT	230 CANAL BLVD., SUITE 4,	<input checked="" type="checkbox"/> Add
		PONTE VEDRA BEACH FL 3208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BARON BARTLETT	230 CANAL BLVD. SUITE 4,	<input type="checkbox"/> Add
		PONTE VEDRA BEACH FL 3208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Dated 11/20/17

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KIMBERLY BARTLETT

Typed or printed name of signee