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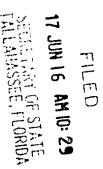
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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S. WARREN 'JUN 1 9 2017

# **COVER LETTER**

	ation Section of Corporations		
SUBJECT:	St. Martins Name of Limited 1	Dutpost Ma	erina LLC
The enclosed A	cles of Amendment and fee(s) are submitte	ed for filing.	
Please return all	orrespondence concerning this matter to the	e following:	
	St. Mart 235.	orah Fletche Name of Person  Ins Outpost Firm/Company  5 S, R, pple Address  L River Fl  Inty/State and Zip Code	Marina LCC Path
	de by 9696	used for future annual report notifica	om
For further info	E-man address: (to be nation concerning this matter, please call:  borah F./efcher  Name of Person		
Enclosed is a cl	ck for the following amount:		
\$25.00 Fili	Fee S30.00 Filing Fee & C 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

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: St. Martins Outpost Marina LLC Name of Limited Liability Complete
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deborah Fletcher
St. Martins Outpost Marina LCC
2355 S. Ripple Path
Crystal River, F1 34429  City/State and Zip Code
de by 9696 (a hot mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Deborah Fletcher   386   209 - 5328     352   795 - 7556     Name of Person   Area Code   Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:		S Outpost Mo	erina LLC
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	De	borah Fletch	er
·	St. Mai	tins Outpost Firm/Company	Marina LCC
	23.	55 S. Rippl	e Path
	Cryst	al River, Fl City/State and Zip Code	34429
	deby 900 E-myl address: (t	City/State and Zip Code  76 O hot mail.  O be used for future annual report notific	com
For further information co  Debore  Name of	ncerning this matter, please ca A F/efcher Person	386 209 - - 352, 795 -	5328 7556 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

St. Martins Du (Name of the Limited Liability Compa (A Florida Limited	itpost 1	Narina	LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	4/27/	2017 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	re:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or t	he 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 of registered agent and/or the new registered office address her		our records, <u>en</u>	iter the name of the new
Name of New Registered Agent:			v 4.
New Registered Office Address:			
	Enter Flori	da street address	
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		ыр Соие
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ee to act in this c	apacity. I further my duties, and I c	agree to comply with the imfamiliar with and

If Changing Registered Agent, Signature of New Register

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or I this accument is

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limited limited

company has been notified in writing of this change.

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Martins Outpost Marina 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 $\frac{4/27/2017}{\text{and assigned}}$
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 "L.C." 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)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Vew Registered Agent's Signature, if changing Registered Agent.

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 accument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limiting company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	George Fletcher	1119 S. Urchin Pt. Crystal River, Fl 34429	Add
		Crystal River, Fl 34429	Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Martins O (Name of the Limited Liability Con (A Florida Limite	utpost Mar	ina LLC
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number $\underline{L1700093994}$	ny were filed on	/27/20/7and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation	n "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 registered agent and/or the new registered office address h		ecords, enter the name of the new
Name of New Registered Agent:		4.4
New Registered Office Address:		
	Enter Florida street	
	Ciţy	, Florida 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

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n effec	tive date is listed, the o	an the date of filidate must be specific and this block does no	and cannot be prior to date of filing or more	than 90 days after filing.) Pursuant to 605 equirements, this date will not be listed
n effec <u>ite:</u> - If	tive date is listed, the call the date inserted in	date must be specific a	and cannot be prior to date of filing or more t meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605
n effec <u>te:</u> If cumer	tive date is listed, the of the date inserted in ht's effective date of	date must be specific a n this block does no n the Department o	and cannot be prior to date of filing or more t meet the applicable statutory filing ref State's records.	than 90 days after filing.) Pursuant to 605 equirements, this date will not be listed
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in effec ote: If cumer	tive date is listed, the of the date inserted in ht's effective date of the specifies a death of the specifies a death of the specifies and the specifies are specified as the specifies and the specifies are specified as the specifies and the specifies are specified as the specif	date must be specific and this block does not not be Department of the Department of the Properties of	and cannot be prior to date of filing or more t meet the applicable statutory filing re f State's records.  e date, but not an effective time d.  2017  Language A Fletcher	than 90 days after filing.) Pursuant to 605 equirements, this date will not be listed at the first than 12:01 a.m. on the earlies a member