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## **COVER LETTER**

TO:

TO:	Registration So Division of Co			
SUBJ		y Marina, LLC		
SUBJ	EC1.	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Clayton B. Studstill		
			Name of Person	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		The Studstill Law Firm		
		<del></del>	Firm/Company	
		326 Reid Avenue		
		-	Address	
		Port St Joe, FL 32456		
			City/State and Zip Code	- <del>-</del> -
		clayton@thestudstillawfir	m.com to be used for future annual report noti	tication)
For fu	rther information o	concerning this matter, please co		,
Clayto	on Studstill		850 323-0792	
	Name o	of Person		e Telephone Number
Enclos	sed is a check for t	he following amount:		
<b>■</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	on

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oyster City Marina, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L17000105982</u> .	and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," of	
Enter new principal offices address, if applicable:	2013
Principal office address MUST BE A STREET ADDRESS)	<u></u>
	8
Enter new mailing address, if applicable:	P
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the n
Name of Name Day Consult Annual	
Name of New Registered Agent:	
New Registered Office Address:  Enter	Florida street address
	, Florida
City	Zin 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	Allison Ross	PO Box 30141	■ Add
		Sea Island, GA 31561	□ Remove
			Change
			Add
			□ Remove
			Change
		<u></u>	
			Remove
			☐ Change
<del></del>			
			□ Remove
			Change
			Add
			Remove
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			Add
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			☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00