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SECRETARY OF STATE

D BRUCE AUG 10 2018

COVER LETTER

Division of Corporations			
SUBJECT: Marina Island 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:			
Andrew Bales Name of Person			
Blue Spring, LLC Firm/Company			
120 Hombre Circle			
Panama City Beach FL 32407 City/State and Zip Code	_ ,		
Andy @Shinui Buld. CEM JE-mail address: (to be used for future annual report notification)	ACC ACC	2010 AL	1
For further information concerning this matter, please call:	E KRY	JG = 3	
Christopher Hine at (\$50) 527-1885 Name of Person Area Code Daytime Telephone Number	SECRETARY OF STATE	P# 2: 42	M
Enclose Lis a check for the following amount:	1.	10	
(additional copy is enclosed) Certified C	of Status &		

MAILING ADDRESS:

TO:

Registration Section

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 Island LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rece liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000146588</u> .	were filed on $\frac{7/10/2}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	2018 ACC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	J.C" or the abbreviation 4-L.C."
Enter new principal offices address, if applicable:	Mé i	355 Jan 19
(Principal office address MUST BE A STREET ADDRESS)	 -	CO beauti
Enter new mailing address, if applicable:	nla	0R1DA
(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 here		rds, enter the name of the nev
Name of New Registered Agent: na		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60,	and I am familiar with and 5, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> <u>Address</u>		Type of Action	
MGR	Christopher A. Hine	430 W 5th St. Suite 400	j OAdd	
		430 W 5th St. Suite 400 Panama City Fl 32401	□ Remove	
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Note:	tive date, if other than the date of filing:	suant to 60 not be lis	5.0207 ted as 1	(3)(t the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.	he earl	ier of:	:
Dated	Nignature of a member de-authorized representative of a member			
	Andrew Bales Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00