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(Re	equestor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Co	rporations		
SHRIFCT: M	ARINA GRE	ted Liability Company	
	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JACK D	OUGHTER Y	
		Name of Person	
		Firm/Company	
	7020 5.	SHORE DR. Address	
		City-State and Zip Code Maring Group to be used for future annual report not	
	concerning this matter, please ca		4-1 475
Name o	e Duug ntery of Person	at (7 2 7) 3 8 Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
MAIL	ANG ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARINA GROUP (Name of the Limited Liability Com (A Florida Limite) The Articles of Communication of Communic	
(Name of the Limited Liability Com (A Florida I miss	pany as it now appears on our records.)
The Articles of Organization for this Live Annual Comments	o Dannity Company)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on 7-31-2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	Dility company here.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7020 S. SHORE DR.
(Principal office address MUST BE A STREET ADDRESS)	7020 S. SHORE DR. 5: PASADENA, Fr. 33707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7020 S. SHORE DR. S. PASADENA, Fr. 33707
EXAMPLE BOX	5. PASADENA, Fr. 33707
B. If amending the registered agent and/or registered agent	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: JAC	E DOUGHTERY
New Registered Office Address: 70 2	O S. SHORE DR. Enter Florida street address
S. Prs	Finter Florida street address ADENA . Florida 33707 City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	City Zip Code
hereby accept the appointment as a side of	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document in giled to merely reflect a change in the registered office address, I hereby confirm that the limited liability appany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

FILEU FARY OF STATE OF CORPORATIONS $\{t, \xi\}$

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCD	our records:	ed to manage, enter the title, name and
AMBR	= Manager = Authorized Member	ed to manage, <u>enter the title, name, and address of each person-being added</u>
<u>Title</u>	<u>Name</u>	
_		Address
		Type of Action
		□ Add
		□ Remove
		Change
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	JACK DOUGHELY		
	Trek Doughtery Typed or printed name of signee	AH 9:)RPO
	Signature of a member or authorized representative of a member	129	OF CO
	Ones On Ma	8 JAN 29	SION
Dated	June 2018 Signature of a member or authorized representative of a member	₹	01410 51
The 90	th day after the record is filed.		
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. c	n the earl	ier o
locument	's effective date on the Department of State's records.		
	date, if other than the date of filing: 1-24-2018 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date v	Pursuant to 60 vill not be lis	5.0207 ted as
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Page 3 of 3

Filing Fee: \$25.00