Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. * \$55

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHTON GOLF-MARINA, LLC

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COVER LETTER

	Registration Se Division of Cor			
erbir.	ASHTON (GOLF-MARINA, LLC		
SUBJEC	. I	GOLF-MARINA, LLC Name of Limi	ted Liability Company	
The enck	sed Articles of	Amendment and fee(s) are subj	nitted for filing.	
Please re	ain all correspo	ondence concerning this matter t	o the following.	
		Rhonda J. Riggleman		
			Name of Person	
		Jim Lee CPA		
			Firm Company	
		500 South Florida Ave. Sui		
			Address	
		Lakeland, Florida 33801		
			City/State and Zip Code	
		Rhonda@leeandcompany.co	om o be used for future annual report notif	S., 16
12				пеанопт
		oncerning this matter, please ca		
Rhonda .	I. Riggleman		863 686-7330 Area Code Daytimi	
	Name o	f Person	Area Code Daytimi	e Telephone Number
Enclosed	is a check for th	ne following amount:		
≣ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHTON GOLF-MARINA, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>1.17000230265</u>	ompany were filed on November 7, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here;	
Ashton Marina, LLC		
The new name must be distinguishable and contain the words "I im-	ned Fiability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDR	(ESS)	
		2028 SEC
Enter new mailing address, if applicable:		28
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered	l office address on our records, <u>enter the m</u>	ime of the new registered
agent and/or the new registered office address here:		
		2. 2. 2. S.
Name of New Registered Agent		
New Registered Office Address:		
New Integration Symbol retained.	Enter Florida street address	
	, Florida	
	Car	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
]Change
			DAdd
		□Remove	
		[]Change	
		,	□Add
			DRemove
			I Change
		DRemove	
		- TAdd	
			□Remove
		·	
			□Add
			DRemove

	<u>. </u>
E. Effec	tive date, if other than the date of filing: (optional)
Note:	freely educe is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605 0207 (3). If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the rece ecord is t	ord specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the liled.
Dated	
	Signature of a member or authorized representative of a member

Typed or printed name of signee