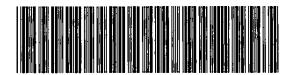
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

2018 MAR 14 PM 1: 01

COVER LETTER

TO:	Registration Sec Division of Corp				
CUDIC		OCK AND MARINE CONS	TRUCTION LLC		
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of A	mendment and fec(s) are sub	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		Stephen J DuVal, CPA			
			Name of Person		
		DuVal Fields CPA Group,	PA		
		······································	Firm/Company	 	
		428 Walnut Street			
			Address		
		Green Cove Springs, FL 32	2043		
City/State and Zip Code					
		marshafields@duvalfields.c			
			to be used for future annual report notifi	ication)	
For furt	her information cor	ncerning this matter, please ca	all:		
Stepher	J DuVal, CPA		904 2691069 at ()		
	Name of I	Person	Area Code Daytime	Telephone Number	
Enclose	d 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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY DOCK AND MARINE CONSTRUCTION LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number _____L18000039767 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 "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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
MGRM	Joelle Marquis	2207 Lakeshore Dr. N	■ Add
		Fleming Island, FL 32003	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			Add
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record specifies a delaye The 90th day after the re		e, but no	t an effecti	ve time, at 1	2:01 a.m. (on the e	arlier
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ted March 12			- .				

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Filing Fee: \$25.00