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	COVER LETTER
TO	Registration Section Division of Corporations -
SUI	Name of Limited Liability Company
The	enclosed Articles of Amendment and fee(s) are submitted for filing.
Plea 	se return all correspondence concerning this matter to the following:
	Gregory S. Oswalt Name of Person
	GSOCPA LLC Firm/Company
	151 Regions Way STE 5D
	Destin, FL 32541 City/State and Zip Code GOSWALT OCOX.NET E-mail address: (to be used for future annual report notification)
For	further information concerning this matter, please call:
င်္ဘာ	regory Oswalt, CPA at (850) 654-9054 Nante of Person Daytime Telephone Number
Enc	osed is a check for the following amount:
	\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Gertificate of Status} \text{Certified Copy tadditional copy is enclosed} \text{Certified Copy tadditional copy is enclosed} \text{Certified Copy tadditional 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOCK OF THE ISLAND LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com-	pany were filed on $3/20/2018$ and assigned
Florida document number 180000712	5-LL
Tiorida document namoci — 1888 9 7 7 2	5
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
BACK BAR ON THE	FISLAND LIC
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	:S)
	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	<u> </u>
	MAR
Name of New Registered Agent:	
New Registered Office Address:	
1	Enter Florida street address 955
	Florida ca son
	City Zip Code 75
New Registered Agent's Signature, if changing Registered A;	
	l agree to act in this capacity. I further agree to comply with the
	plete performance of my duties, and I am familiar with and tas provided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered of	
company has been notified in writing of this change.	
IF	f Changing Registered Agent, Signature of New Registered Agent

	"	horized to manage, <u>enter the title, name, and</u>	
R = N R = A	lanager Authorized Member		
	<u>Name</u>	<u>Address</u>	Type of Action
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·	Fife	tive date, if other than the date of filing: (optional)	
-•	(If un i	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207	(3)(h)
		If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	the
f١	ll l the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	:
b))∥ Tr	e 90th day after the record is filed.	
		M_{22} Z_3 Z_2	
	Date	Mar. 23 2018	
		THE STATE OF THE S	
		Signature of a member or authorized representative of a member Signature of a member of a	
		C. C	;
		Gregory S. Oswalt CPA	!
		Page 3 of 3	
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Filing Fee: \$25.00