## 118000134236

(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	kside of Port Canaveral, LLC		
SUBJECT:	Name of Limi	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:	
	Richard W. Bradley		
		Name of Person	
	Gators Dockside of Port Ca	anveral, LLC	
	··	Firm/Company	<del></del>
	212 S. 7th Street		
		Address	
	Fort Pierce, FL 34950		
	-	City/State and Zip Code	
	gatorsdockside@gatorsacco	_	
		o be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all:	
Richard W. Bradley		772 595-6800	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recordsiability Company)	)		
the Articles of Organization for this Limited Liability Company were filed on 5/30/2018  lorida document number L18000134236				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<b>36</b> S		
Principal office address MUST BE A STREET ADDRESS)				
		A Po		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of	ffice address on our records,	enter the name of the		
registered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flor	rida Zip Code		

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Τ	Richard W. Bradley	212 S. 7th Street	■ Add
		Fort Pierce, FL 34950	Remove
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			□ Add
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fective date, if other than the offective date is listed, the date in	he date of filing:			(option	ial)
an effective date is listed, the date note: If the date inserted in this	ust be specific and co block does not me	annot be prior to o et the applicabl	date of filing or more e statutory filing t	: than 90 days after fi equirements, this o	ling.) Pursuant to 605. late will not be liste
ocument's effective date on the				•	
record specifies a delay The 90th day after the re	ed effective da ecord is filed.	te, but not a	in effective tin	ne, at 12:01 a.	m. on the earlie
June 5		2018			
ncu					

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Typed or printed name of signee

Filing Fee: \$25.00