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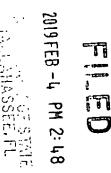
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C. GOLDEN FEB - 9 2019

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Marine of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	A. PARI	CIA SARWICK Name of Person	<del></del>
	A. PATRICIA	L BARWICK Firm/Company	ATTOLNEYAT LAW
	8235 RIVE	R Country De	NE
	WEEKI L	NACATE FO	234607
	E-mail address: (1	Church Carth to be used for future annual report notif	linkane f
For further information co	ncerning this matter, please ca	all:	
A PARICIA Name of	-BAMUICK	at (35)-597	6460
Name of	Peison	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	e 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**

FILED

Corini	Prope	rties LL		2019 FEB -4	
(Name of the Limit	ted Liability Company (A Florida Limited Lial	as it now appears on our bility Company)	<u>records.</u> )	IÁLLAHÁS	GË STATE ISEE, FL
The Articles of Organization for this Limited L Florida document number <u>LIBOOO</u>			nbel 24	) Dand assign	ned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabilit	ty company here:			
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation	n "LLC" or the a	bbreviation "L.L.C	
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	ET ADDRESS)		<del></del>		
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our re	ecords, enter	the name of	the new
Name of New Registered Agent:		·	<del></del>		
New Registered Office Address:	7971	Chavcel Enter Florida street	DRI F		<del></del>
	WEEK	WACHEE	Florida	34607 Ziv Code	· 
New Registered Agent's Signature, if changing l	Registered Agent:	<b>y</b>			

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>	<u>Address</u>	Type of Action
MGR	Theodore B. Corini	7971 Chaucer Drive	Add
		7971 Chaucer Drive Weeki Wachee, FL 34	607 Remove
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ive date, if other tha	n the date of filing	ø:		(optional)	
ective date is listed, the da	te must be specific and his block does not n	f cannot be prior to date neet the applicable st	of filing or more than a atutory filing require	90 days after filing.) Pursuan ements, this date will not	t to 605.0207 ( be listed as t
cord specifies a del 90th day after the	ayed effective or record is filed.	date, but not an	effective time, a	t 12:01 a.m. on the	earlier of:
Pepruus	1.h.	. <u>29</u> / <u>1</u> .		_	
<i>l</i> ,	Signature of a	member or authorized	representative of a men	nber	
1	A. PATLI		LWICK		

lf

Page 3 of 3

Filing Fee: \$25.00