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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Plands	Pond LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	131 Fra	MKIL Plaza Dr Address	5v/e 329
	Franki	in WC 26734 City/State and Zip Code	
-	Time Doi	10 hw 1 60 Ao(Law) to be used for future annual report noti	fication
For further information conc			
		() () ()	. ייד
Name of Pe	rson	at (605) (86 (e Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec Division of Cor		Registration Se Division of Cor	
P.O. Box 6327		The Centre of I	allahassee
Tallahassee, FL	32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Compa Florida Limited	any as it now appea Liability Company)	irs on our	records.)			
			(1)	19/1	ኃ	and ass	ioned
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Lounied Liability Company) The Articles of Organization for this Limited Liability Company were filed on							
Florida document number 170010 (53	<u></u>						
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	<u>e limited lial</u>	oility company h	ere:				
Marina Fun Boat LLC							
The new name must be distinguishable and contain the word	s "Limited Liab	ility Company," the	designation	r"ELC" or th	he abbrev	iation "L.	L.C."
Internew principal offices address, if applicable	le:	,					
					<u> </u>	20	
THE THE OTHER GARDENS PLOST DE 21 STREET 2	10041.55/						
						==	
						9	
Inter new mailing address, if applicable:					. -	<u> </u>	
Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>				-		
					<u></u>	_ 0	
					714	_	
• • • • • • • • • • • • • • • • • • • •		address on our i	records,	enter the r	<u>rame of</u>	the nev	<u>v registered</u>
ent and/or the new registered office address in	<u>ierę</u> :						
Name of New Registered Agent:						<u> </u>	
New Registered Office Address:						_	
		Enter Flo	rida sircet	address	the abbreviation "L.L.C." To 200		
_				_, Florida	l		
		City			Z	lip Code	
w Registered Agent's Signature, if changing Reg	<u>istered Agent:</u>	<u>.</u>					
wisions of all statutes relative to the proper of	and complete red agent as istered office	performance o _i provided for in	f my duti Chapter	es, and La 605, F.S.	ım fami Or, if th	liar wit iis docu	h and iment is

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>	Name	Address	Type of Action
1B/	Tim Donohue	131 Franklin Plaza Drin Supe 329 Franklin NC 28734	□Add
			□Remove
			Change
			□Remove
			□Change
			[]Add
		-	□Remove
			□Change
			□Add
		···	□Remove
			ClChange
		·	🗆 🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			🗀 Add
			Remove
			□Change

		
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7		
<u>-</u>		
Effective date,	, if other than the date of filing:	
Note: If the dat	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ective date on the Department of State's records.	as t
record specifie d is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	1e
Dated	6/20	
	Nignature of a member or authorized representative of a member	
+	Signature of a member or authorized representative of a member Typed or printed name of signee	