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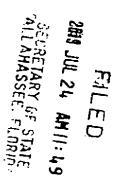
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JUL 24 2019 S. YOUNG

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		DOCK & MARINE LLC		
		Name of Lin	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		JAMES, WILLIAM W. IV	,	
			Name of Person	
		FLORIDA DOCK & MAF	RINE LLC	
			Firm/Company	·
		4826B WOODLAND CIR	CLE	
			Address	
		TALLAHASSEE FL 3230	3	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
JAMES, WI	LLIAM W. I	V	850 528-5446	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

7

TO:

Registration Section

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**

FLORIDA DOCK & MARINE L	LC	
(<u>Name of the Lin</u>	nited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Florida document number L19000177368	Liability Company were filed on	07/09/2019 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the Enter new principal offices address, if apple Principal office address MUST BE A STRE	icable:	ne designation "LLC" or the abbrediation L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>	7.4.9 17.2.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7
3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	d/or registered office address office address here: JAMES, WILLIAM W. IV	on our records, enter the name of the
	4826B WOODLAND CIRLCE	-
New Registered Office Address:		lorīda street address
	TALLAHASSEE	Florida 32303
	City	, Florida Zip Code

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

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

ī

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	JAMES, W. WILLIAM IV	4826B WOODLAND CIRCLE	
			Add
		TALLAHASSEE, FL 32303	
			☐ Remove
			Change
AR	JAMES, W. WILLIAM III	4826B WOODLAND CIRCLE	
———			
		TALLAHASSEE, FL 32303	
			■ Remove
			☐ Change
			Criange
			Remove
			Change
			☐ Remove
			3 ~
			☐ Change
			□ Add
			□ Remove
			Change
			☐ Remove
			□ Change

I ·	•
(If an c <u>Note</u>	tive date, if other than the date of filing:
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 7 23/12019
	e 90th day after the record is filed. 1 23/2019 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member William W. Lanes IV Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00