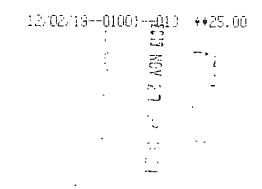
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PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

DOCK TIME LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8497 FOR: \$25.00

THANK YOU!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOCK TIME LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) (INUV 2
ida document number L19000185250 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: uiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new	
If amending name, enter the new name of the limited liability company here: e 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)	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gregory Thompson	757 SE 17TH STE #190	□ Add
		FT LAUDERDALE, FL 33316	□ Remove
			☐ Change
AMBR	Kathryn Thompson	757 SE 17TH STE #190	
		FT LAUDERDALE, FL 33316	.
			
			■ Change
			□ Add
			Remove
			□ Change
			Add
		-	□ Remove
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	<u>-</u> .	.			
Effective date, if other than the	late of filing:			(optional)	
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot ck does not meet the	be prior to date of ti applicable statute	ling or more than 90 da	ys atter tiling.) Pursuant to	605.020' listed as
the record specifies a delayed) The 90th day after the reco		out not an effe	ctive time, at 12	::01 a.m. on the ea	arlier o
November 26	201	9			
	Kathana	Mrny	~~		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00