120000040800

(Requestor's Name)
(Address)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300343301153

04/20/28--01014--014 **25.00

2020 (27 21 AN 8: 50

Amund

MAY 28 TOTA I ALBRITTON

COVER LETTER

Division of Cor	porations			
SUBJECT: DOCK		INE SPECIALI	ST limite	ED liabilit
	Name of Lit	mited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		
	Joe Ca	Name of Person		
	Dochside.	Harine Specialis	T limited	liabili9
	8880 NW	7 ST		
	Pembruh	Address L PNLS II 33 City/State and Zip Code SICLO Vahoo.	3024	
	JCb JOCh	City/State and Zip Code City/State and Zip Code Jahoo (to be used for future armual report noti	COM fication)	
For further information co	oncerning this matter, please o	call:		
Joe Carcio)-Be110	a. 305, 454.	-3385	
Name of	Person		e Telephone Number	
Enclosed is a check for th	e following amount:			
₺ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Address Registration S	ection	Street Address: Registration Sec	ction	
Division of Co	rmorations	Division of Con		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



April 30, 2020

JOE CANCIO-BELLO 8880 NW 7 ST PEMBROOKE PINES, FL 33024

SUBJECT: DOCKSIDE MARINE SPECIALIST LIMITED LIABILITY COMPANY

Ref. Number: L20000040800

We have received your document for DOCKSIDE MARINE SPECIALIST LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00008982

Irene Albritton Regulatory Specialist II

خز

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Docnside Marine Specialist limited liability Company

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li Florida document number <u>L2000040</u>	ability Company were	filed on <u>02</u> 04	120	and assig	gned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability co	ompany here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Con	npany," the designation	"LLC" or the at	obreviation "L.L	.C."
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
	- 		-	9. 1. 2.1	
Enter new mailing address, if applicable:				==	
(Muiling address MAY BE A POST OFFICE I	<u></u>				هِ
B. If amending the registered agent and/or reagent and/or the new registered office addres		is on our records, <u>e</u>	nter the nam	ie of the new	register
Name of New Registered Agent:		cio-Bellu	>		
New Registered Office Address:	8880 MA				
	Pombrohe		ddress _, Florida	33024 Zip Code	
New Registered Agent's Signature, if changing R	egistered 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, thereby 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	Paola Cancio-Bello	8880 NW 7 STRombroke Price	^{'O} □∧dd
		· · · · · · · · · · · · · · · · · · ·	Remove
			□Change
			□Add
			□Remove
			□Change
		• · · · · · · · · · · · · · · · · · · ·	□∧dd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	Joe	Cancio Bello	Sole	propletor	
		· <u>-</u> .			
			-		
				·	
	. <u></u>				
					·····
		•			
(If an ef Note:	fective date is If the date i	other than the date of filing:	ie applicable s	of filing or more than 90 days afte	ional) r filing.) Pursuant to 605.0207 (3) is date will not be listed as the
the reco		a delayed effective date, but not an eff	fective time, a	(12:01 a.m. on the earlier of: (n) The 90th day after the
	05	11/2020	_		
Dated					

Filing Fee: \$25.00