

120000088985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11/29/21--01008--005 **25.00

21 NOV 29 AM 9:07

T. MATTHEWS

DEC 13 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARINA DEPOT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAYRIYE D GUNAL
Name of Person
MARINA DEPOT LLC
Firm/Company
526 S DIXIE HWY E
Address
POMPANO BEACH FL 33060
City/State and Zip Code
DIDEM@DOCKMARINESYSTEM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAYRIYE D GUNAL
Name of Person
561 990-9194
at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

21 NOV 29 AM 9:06

MARINA DEPOT LLC

(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 Liability Company were filed on 03/24/2020 and assigned
Florida document number L20000088985.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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)

526 S DIXIE HWY E

POMPAN0 BEACH FL 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7535 S ORIOLE BLVD APT 205

DELRAY BEACH FL 33446

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

C.E.JONES TAX PREPARATION/ CLYDE E JONES

New Registered Office Address:

1875 WOOLBRIGHT ROAD

Enter Florida street address

BOYNTON BEACH

City

, Florida 33426

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>	<u>Type of Action</u>
AMBR	AYKAN ALTUNBAS	33 E CAMINO REAL APT 425	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN DAVID METIVIER	8002 HUNTCLIFF RD	<input checked="" type="checkbox"/> Add
		WOODSTOCK, GA 30189	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	HAYRIYE D GUNAL	7535 S ORIOLE BLVD APT 205	<input type="checkbox"/> Add
		DELRAY BEACH 33446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 NOV 20 11 09 08

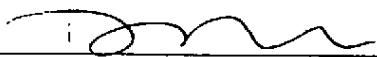
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/05, 2021



Signature of a member or authorized representative of a member

HAYRIYE D GUNAL

Typed or printed name of signee