

L20000370900

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

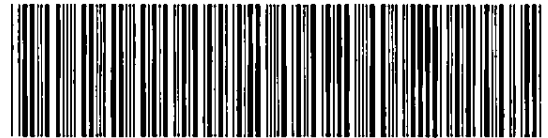
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOCKS IN A ROW, 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:

John P. Maas, Esq.

\_\_\_\_\_  
Name of Person

Pelaez Maas Law, PLLC

\_\_\_\_\_  
Firm/Company

44 NE 16 Street

\_\_\_\_\_  
Address

Homestead, FL 33030

\_\_\_\_\_  
City/State and Zip Code

lstg714@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Candy Brownlow

305

247-7132

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 210

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

DOCKS IN A ROW, 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 November 24, 2020 and assigned  
Florida document number L20000370900.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

N/A

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

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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	Keith D. St. Germain, TEE	16990 SW 266 Terrace	<input type="checkbox"/> Add
		Homestead, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lisa A. St. Germain, TEE	16990 SW 266 Terrace	<input type="checkbox"/> Add
		Homestead, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brandon St. Germain, Co-Trustee	16990 SW 266 Terrace	<input checked="" type="checkbox"/> Add
		Homestead, FL 33031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew St. Germain, Co-Trustee	16990 SW 266 Terrace	<input checked="" type="checkbox"/> Add
		Homestead, FL 33031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dylan St. Germain, Co-Trustee	16990 SW 266 Terrace	<input checked="" type="checkbox"/> Add
		Homestead, FL 33031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Authorized Member, Keith D. St. Germain, Trustee of the Keith D. St. Germain Revocable Trust dated January 26, 2017 and Authorized Member, Lisa A. St. Germain, Trustee of the Lisa A. St. Germain Revocable Trust dated January 26, 2017, have transferred their 100% membership interest to Brandon St. Germain, Matthew St. Germain, and Dylan St. Germain, as Co-Trustees of the KDSG Irrevocable Trust dated June 30, 2021.

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**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 May 8th 2024

  
Signature of a member or authorized representative of a member

Dylan St. Germain

Typed or printed name of signee