

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC
Account Number : I20170000051
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WHARFSIDE MARINA, LLC

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTERTO: Registration Section
Division of CorporationsSUBJECT: WHARFSIDE MARINA, 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:

Dana M. Fragakis, Esq.

Name of Person

Wood, Buckel & Carmichael, PLLC

Firm/Company

2150 Goodlette Road N, Sixth Floor

Address

Naples, FL 34102

City/State and Zip Code

dana@wbclawyers.com

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Dana M. Fragakis

239

552-4100

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 &
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(additional copy is enclosed)☐ \$60.00 Filing Fee,
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(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
Tallahassee, FL 32303

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

WHARFSIDE MARINA, 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 March 23, 2021 and assigned
 Florida document number L21000136426.

This amendment is submitted to amend the following:

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

WHARFSIDE DOCKS, LLC

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)

Enter new mailing address, if applicable:

(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:

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET RY OF ST. PAUL
N. LA. ST. FLORIDA

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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)

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 APRIL 27 2021

Christopher Chadwell Yeager
Signature of a member or authorized representative of a member

CHRISTOPHER CHADWELL YEAGER, MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00