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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
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Y. SCOTT NOV - 1 2021

COVER LETTER

TO: Registration So Division of Co			• •
SUBJECT:	lar Rock ya	whited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
	The	mas Moruham Name of Person	
		Firm/Company	<u></u>
	6150 54	076 street	2021 C S. J. G. J.
	-	Address	
	Mani	PL 33143	19 PH 3: 12
	N4 0	City/State and Zip Code alvarezand marsa (to be used for future annual report not	L. con Ification)
	E-mail address:	(to be used for future annual report not	C. Com
For further information of	oncerning this matter, please		m 2
Thomas	Abraham	a1 (305) 66	6-8020
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S \$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	_	Street Address:	a4ia
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Codar Roch yachti	ng Club, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	(as it now appears on our records.) bility Company)	 -
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on 03 24 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Calar Rock Prime, LC The new name must be distinguishable and contain the words "Limited Liability	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		921
(Principal office address MUST BE A STREET ADDRESS)		3 1
		- - - - - - -
Enter new mailing address, if applicable:	25. 25. 26. 27.	PH O
		
(Mailing address MAY BE A POST OFFICE BOX)	in	10
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>enter the name of</u>	the new registere
New Registered Office Address:	Enter Florida street address	
	. Florida	
		Lip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fami ovided for in Chapter 605, F.S. Or, if th	liar with and his document is

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>	Address	Type of Action
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<u>ote:</u> If	tive date is listed, the the date inserted in	n this block do	es not mee	t the applic	able statuto	ry filing req	an 90 days afi uirements, ti	ter tiling.) F his date w	ill not b	to 605.020° >€ listed &
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Filing Fee: \$25.00