

Florida Department of State

L220001706553  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
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2022 MAY 12 Fri 1:57

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STRUTHERS MARINA, LLC

Certificate of Status	0
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Page Count	04
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

STRUTHERS 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 01/14/2022 and assigned Florida document number L22000017746.

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:

761 Anclote Road

(Principal office address MUST BE A STREET ADDRESS)

Tarpon Springs, FL 34689

Enter new mailing address, if applicable:

761 Anclote Road

(Mailing address MAY BE A POST OFFICE BOX)

Tarpon Springs, FL 34689

**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**

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>
MBR	EUGENE STRUTHERS	761 Anclote Road	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change
MBR	TONDA STRUTHERS	761 Anclote Road	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change
MBR	SHANE STRUTHERS	761 Anclote Road	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change
MBR	DAVID PENNINGTON	761 Anclote Road	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Tarpon Springs, FL 34689	<input checked="" 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

