

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : MARK B. GOLDSTEIN, P.A.
Account Number : I2006000077
Phone : (561)989-9955
Fax Number : (561)989-9966

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

Email Address: MARK @ EAST COAST SET CENTER - COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TARPON LODGE DOCK, LLC

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DIVISION OF CORPORATIONS

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JAN 20 2022

T. LEMIEUX

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations
(((H22000024349 3)))

SUBJECT: TARPON LODGE DOCK, 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:

MARK B. GOLDSTEIN

Name of Person

MARK B. GOLDSTEIN PA

Firm/Company

2700 N MILITARY TRAIL, STE 130

Address

BOCA RATON FL 33431

City/State and Zip Code

mark@castcoastjctcenter.com

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

For further information concerning this matter, please call:

561 989-9955 - Angela
at ()
Area Code Daytime Telephone Number

Name of Person

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
Tallahassee, FL 32303

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

TARPON LODGE DOCK, 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 JANUARY 14, 2022 and assigned
Florida document number L22000018009

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:

3489 NE 30th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Lighthouse Point, FL 33064

Enter new mailing address, if applicable:

3489 NE 30th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Lighthouse Point, FL 33064

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

City, Florida

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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At the meeting authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ~~Manager~~ (((H22000024349 3)))

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARK CONNELL	3489 NE 30th Avenue	<input type="checkbox"/> Add
		Lighthouse Point, FL 33064	<input type="checkbox"/> Remove
		change of address only	<input checked="" type="checkbox"/> Change
MGR	TRACY CONNELL	3489 NE 30th Avenue	<input type="checkbox"/> Add
		Lighthouse Point, FL 33064	<input type="checkbox"/> Remove
		change name spelling & address	<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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 January 18th 2022

Signature of a member or authorized representative of a member

MARK B. Goldstein Authorized Representative
Typed or printed name of signee

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