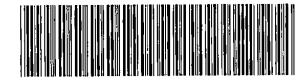
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COVER LETTER

го:	Registration Section Division of Corporations		
SUBJE	ECT: Donnelly'S Dingy	nited Liability Company	
The end	iclosed Articles of Amendment and fee(s) are sub	bmitted for filing.	
Please	return all correspondence concerning this matter	to the following:	
	James War	Name of Person	
		Firm/Company	
	18920 Saint	Paul DV Address	
	Spring Hill	FL 34610 City/State and Zip Code	
	Jame 905 upy E-mail address:	City/State and Zip Code (A CO AMAIL. COM (to be used) or future annual report notif	ication)
For fun	rther information concerning this matter, please of		
Jam	Name of Person	at (<u>17.7</u>) <u>853 - U</u> Area Code Daytime	1925 Telephone Number
Enclose	sed is a check for the following amount:		
□ \$2:	25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section	<u>Street Address:</u> Registration Sec	ction
	Division of Compressions	Division of Con	

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dannelly's Dinay IIC	ZUZJ JAN 2 / AM
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	nour records.) SECRETARIASSEE
The Articles of Organization for this Limited Liability Company were filed on <u>Jan</u> Florida document number <u>L7300006010</u> .	NUARY 3rd 7073 and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	:
Donnelly's Dockside LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "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 recongent and/or the new registered office address here:	ords, <u>enter the name of the new r</u>
Name of New Registered Agent:	
New Registered Office Address:	s street address
Cin	, Florida

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents 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.

or removed from our records:

MGR = Manager 'AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	James warkn Donnelly	18920 Saint Paul Dr	(DAdd
	Donnelly	18970 Saint Paul Dr Spring Hill FL 34610	□Remove
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an effect Note: If	tive date is listed, the date inserte		pecific and ca oes not mee	nnot be prior to t the applicab	date of filing or	more than 90 days	optional) s after filing.) Pursu s, this date will no	
record s	•	ed effective date	e, but not an	effective tim	e, at 12:01 a.m	on the earlier	of: (b) The 90th	day afte
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ated		N	MID	- and				
Pated	JANuar	Signa	ture of a mer	nber or authori	zed representativ	e of a member		

Filing Fee: \$25.00