(Re	equestor's Name)	*
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		ORNE 3 1 2023





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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: DOCK PERCENT COmpany 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:
Meagan Austin
Brugge Latitute
1.0. Box 13678
Tallahasel FL 32317
E-mail addjess: (to be used for future annual report notification)
For further information concerning this matter, please call:
When the street of Person at 1950 386-7020 Area Code Daytine Telephone Number
Envlosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S S55.00 Filing Fee S S60.00 Filing Fee. Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO

AR'	TICLES OF ORGANIZAT	TION FILT	8
•	OF	2022 44	
Dur Rive	(Retreat LCC	2023 MAY 31 PM 12: 43	3
(Same of the Lin	ited Linbility Company as it now appear (A Florida Limited Liability Company)	son our records.	
The Articles of Organization for this Limited Florida document number 223000	Liability Company were filed on $\frac{1}{1}$	$\frac{31/33}{}$ and assigned	
Florida document number 43000	1 H 2 H 1 J		
This amendment is submitted to amend the fo	Howing:		
A 16			
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
	·		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			_
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			_
			_
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our re	cords, enter the name of the new regist	ered
	12 1 01 -		
Name of New Registered Agent:	Burle Baker		
New Registered Office Address:	239 Buck Kvac		
	Enter Florid	la street address	
	ounta Rusa Beac	A, Florida 321159	_
	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.

f 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 Name Address Type of Action Horace Moody Althor, FL 32421 Remove □ Change MER Laura Frige Remove □ Change Remove _ 🗆 Add Remove _____ Change __ 🗀 🗖 🗖 Add □Remove _____ ⊡Change _____ □Add _ □Remove

_ 🗆 Change

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ffect	ve date, if other than the date of filing:
l'an eff	ective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	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
d is fil	ed.
Dated	
HILL	
<	×-700-7200
	Signature of a member or authorized representative of a member
	SURKE BAKER
	Typed or printed name of signee

Filing Fee: \$25.00