L230002049164

(Daniel News)					
(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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	<u>, , , , , , , , , , , , , , , , , , , </u>				
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
J. HORNE					
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MAY 1 7 2023					
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

New Pass Dock and Seawall, LLC	 '
Please Debit 120000000257 For: 25	
Thank you Seth Neeley	
Atta/	Art of Inc. File
	LTD Partnership File
·	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Arr. of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH 05/16	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Walk-In Will Pick Up	UCC 11 Retrieval
11- Ranger's Renning - Thom series GA BTCC	Courier

COVER LETTER

TO: Registration Division of C				
	SS DOCK AND SEAWALL, L	LC		
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	LORI LANDRUM			
		Name of Person		
	CCFOS			
		Firm/Company		
	3060 PEACHTREE ROA	D NW, SUITE 1550		
Address				
	ATLANTA, GEORGIA 3	0305		
		City/State and Zip Code		
	llandrum@ccfos; sislerjd@			
		(to be used for future annual report no	tification)	
For further information	concerning this matter, please of	call:		
Lori Landrum		404 389-9039 at ()		
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 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: Pagistration Section		Street Address:	vetion	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

NEW PASS DOCK AND SEAWALL, LLC

(Name of the Limited Liability Company as it now appears on our records.) (17 (17) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 25, 2023 Florida document number <u>L23000204964</u> 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: (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 records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Type of Action
MGR JONATHAN SISLER	1221 WATERWAY DRIVE		
		SARASOTA, FL 34236	≣Remove
			Change
AMBR JONATHAN D. SISLER	JONATHAN D. SISLER	1221 WATERWAY DRIVE	
		SARASOTA, FL 34236	□Remove
			Change
AMBR ZACHARY W. MORRISH	ZACHARY W. MORRISH	2000 TOWN CENTER	\bullet Add
		SUITE 1500	□Remove
		SOUTHFIELD, MI 48075	□ Change
			🗆 Add
			□Remove
		□Add	
		□Remove	
			□ Change
 		DAdd	
			🗆 Remove
			□ Change

D. If amending any other infor	mation enter change(s) her	re: (Attach additional sheets, if necessary.)
7. If amending any other mitor	mation, enter enange(s) ner	rei (maen adamma meen, y necessary.)
1-		
	<u>-</u>	
		
F. Effective data if other than	the data of filings	(ontional)
(If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet the applic	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) icable statutory filing requirements, this date will not be listed as the ls.
If the record specifies a delayed efferecord is filed.	ctive date, but not an effective t	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 16	2023	
~ 1		
	Signature of a member or auth	horized representative of a member
Lori Landrum, Autho	orized Agent	
	Typed or print	nted name of signee