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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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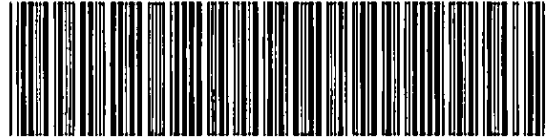
(Business Entity Name)

(Document Number)

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2021 SEP 16 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKINNY WATER MARINE OF CENTRAL FLORIDA 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:

LARRY B. SHERROUSE

Name of Person

SKINNY WATER MARINE OF CENTRAL FL LLC

Firm/Company

7622 DUNKIRK CT

Address

LAKELAND, FL 33809

City/State and Zip Code

ALICESACCOUNTING@YAHOO.COM

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

For further information concerning this matter, please call:

ALICE A. MILLER

at (863) 858-7777
Area Code Daytime Telephone Number

Name of Person

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) \$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

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

FILED

2021 SEP 16 PM 1:25

SKINNY WATER MARINE OF CENTRAL FL, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~(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 06/08/2020 and assigned Florida document number L20000156167.

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:

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>
MGR	BRIAN K. SHERROUSE	4620 PALMETTO DR	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL KIRKLAND	855 PALMER RD	<input type="checkbox"/> Add
		LAKELAND, FL 33801	<input checked="" type="checkbox"/> Remove
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