## L02,00010078

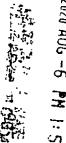
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☐ PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Office Use Only



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C COLDEN AUG - 7 2020

## CAPITAL CONNECTION, INC.

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

			_
BK Boating LLC			
			-
			_
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, 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	<del>_</del>		Fictitious Owner Search
oignature .			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
			UCC II Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick U	Р	Courier

Registration Section

TO:

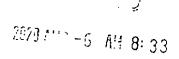
## **COVER LETTER**

Division of Corp	oorations				
SUBJECT:	ВК Вов	iting, LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	•		
Please return all correspon	ndence concerning this matter t	to the following:			
		William P. Salvato			
		Name of Person			
		BK Boating, LLC			
		Firm/Company			
1 Duke Drive					
		Address			
		Lake Worth, Florida 33460			
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report no	tification)		
For further information c	oncerning this matter, please co	all:			
William P. Salvato		561 239-8421			
Name o	f Person	at () Area Code Daytii	me Telephone Number		
Enclosed is a check for the	he following amount:				
當 \$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 Addre Registration	ss: Section	Street Address: Registration S	ection		
rogion anon		D' 11 - CO	4:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



ВК Вс	oating, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on od Liability Company)	ur records.)	•
The Articles of Organization for this Limited Liability Compare Florida document number L02000010078		2002	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ability company here:		·
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designa	ition "LLC" or the abbrevit	ition "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<del></del>	<del></del>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	is, <u>enter the name of t</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:	-		
Ton Registered Office Address.	Enter Florida st	reet address	<del></del>
		, Florida	
New Designational Access). Classical Market Designation of the second of	City	Zī	p Code
New Registered Agent's Signature, if changing Registered Ager	<del>_</del>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my a is provided for in Chap	duties, and I am famil ter 605, F.S. Or, if th	tar with and is document is

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>	Name	Address	Type of Action
MGRM	William P. Salvato	1 Duke Drive	□Add
		Lake Worth, Florida 33460	□Remove
•			⊟Change
<del></del>			□ Add
			□ Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
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ective date, if other than ( effective date is listed, the date is te: If the date inserted in this nument's effective date on the	must be specific and on the block does not me	cannot be prior to di seet the applicable	late of filing or mo.	re than 90 days after requirements, this	filing.) Pursuant to 6	05.0207 (3); sted as the
cord specifies a delayed effects filed.	tive date, but not a	an effective time	, at 12:01 a.m. o	n the earlier of: (b)	) The 90th day at	ter the
ed August 5	OocuSigned by	2020 y:	•			
	William P	$C_{-1}$				
		S aux at o hember or authoriz				

Filing Fee: \$25.00