| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2014

J. FRANK SURFACE III 3326-1 LAKESHORE BLVD JACKSONVILLE, FL 32210

SUBJECT: LAKESHORE MASTERCRAFT AND MERCURY, LLC

Ref. Number: L03000010600

We have received your document for LAKESHORE MASTERCRAFT AND MERCURY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P93000059935.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 914A00027511



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2014

J. FRANK SURFACE III 3326-1 LAKESHORE BLVD JACKSONVILLE, FL 32210

SUBJECT: LAKESHORE MASTERCRAFT AND MERCURY, LLC

Ref. Number: L03000010600

RECEIVED

14 DEC 29 AM 10: 00

19 INTERNO OF COMMERCIAL

We have received your document for LAKESHORE MASTERCRAFT AND MERCURY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words, "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC", The following suffixes are no longer acceptable: "Limited Company," "L.C." "LC.," "Ltd.," and "Co."

The document number of the name conflict is P93000059935.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 114A00025400

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Lakoshare Mastercraft and Mercury UC 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: |
| and make to the total make to the total make. |
| J. Frank Surface III Name of Person |
| Lakeshore Marine Firm/Company |
| 3326-1 Lakeshor-e Blvd Address |
| Address |
| Jacksonville, FL 32210 |
| Jacksonville FL 32210 City/State and Zip Code Surface @ Concest. Net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Fraile Surface at (904) 813 5015 Name of Person Area Code Davine Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| England in a check for the following amount. |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$60.00 Filing Fee; |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on ounrecords.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company w | ere filed on 11 Jos Ch CO C | and assigned |
|--|---|--|
| Florida document number <u>L030001060</u> 0 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| The new name must be distinguishable and end with the words Limited Liabili | Lakeshove Muin | e Scruices, LLC |
| The new name must be distinguishable and end with the words Limited Liabili | ty 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) | | |
| | | |
| Francisco (1971 - 1884) (1984) (1984) | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered offire registered agent and/or the new registered office address here: | ce address on our records, enter | the name of the new |
| registered agent and/or the new registered office address here. | | 28 |
| AV | | 51 7 m |
| Name of New Registered Agent: | | - 60 |
| New Registered Office Address: | | 15 2 F |
| | Enter Florida street address | TIC P (1) |
| <u></u> | , Florida | (C) () |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | ال ١٠٠٠ |

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

| ated | | ì | | |
|--|---|---------------------|--|-----------------------------|
| effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) red | ŧ | 1 . | | |
| effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) and Nov 17 2014. | | | | |
| effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) ed | | | | |
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| ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) ated | | | | |
| the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Pated | | | | |
| Dated Nov 17 2014. | | | | |
| Shot | e effective date m | ust be specific, ca | annot be prior to date of receipt or filed date and cannot be more than 9 | (optional) 0 days after |
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| | e effective date me e date this docume | ust be specific, ca | annot be prior to date of receipt or filed date and cannot be more than 9 | (optional) 0 days after |
| Signature of a member and sized representative of a member | e effective date me e date this docume | ust be specific, ca | eannot be prior to date of receipt or filed date and cannot be more than 9 to Florida Department of State) | 00 days after |

Page 3 of 3

Filing Fee: \$25.00