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J. HARRIS

COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	Red Boat Re	ealty, LLC		
0000.01.		Name of Limi	ited Liability Company	
The enclosed	f Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Crystal M. Boyles		
		· · · · · ·	Name of Person	
			Firm/Company	
		204 North Main Street		
			Address	
		Crestview, FL 32536		
			City/State and Zip Code	
		crystal@mainstreetlandtitle.		
		E-mail address: (t	to be used for future annual report notif	fication)
For further in	nformation co	ncerning this matter, please ca	alt:	
Crystal M. I	Boyles		at () 689-8505 Area Code Daytime	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Boat Realty, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our re forida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 01/16/2007	and assigned
lorida document number L07000004907	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
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	: <u>N/A</u>	- 22
Principal office address MUST BE A STREET A	DDRESS)	
		E/2 .
		,
Enter new mailing address, if applicable:	N/A	; .
Emer new mannig address, it applicable. Mailing address MAY BE A POST OFFICE BO	<u> </u>	(3)
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		ords, <u>enter the name of the</u>
	Enter Florida street aa	ldress
		, 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>	Address	Type of Action
AMBR	Nathan D. Boyles	204 North Main Street	
		Crestview, FL 32536	☐ Remove
			Change
AMBR	Crystal M. Boyles	204 North Main Street	
		Crestview, FL 32536	🗆 Remove
		·	Change
			Add
			□ Remove
			Change
			Add
			Remove
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			Change
			□ Remove
			□ Change

	
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Effective date, if other than the date of filing:	onal) filing) Pursuant to 605 03
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.02
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