## L0700063307

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SECRETARY OF STATE
ANALYSEE, FLORIDA

T. CLINE

MAY 2 2 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration So Division of Cor			
suвјест: Shallov	w Water Boats, LLC (Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Roberts		
		(Name of Person)	
	John Roberts, P.A.		
		(Firm/Company)	
	P.O. Box 1419		
	•	(Address)	
	Ocala, FL 34478-1419		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	rall:	
John Roberts		at ( 352 ) 401-5646	38 147 167
(Name	of Person)	(Area Code & Daytime	SECRETAR TARKS
Enclosed is a check for t	he following amount:		[T] -< cm++**
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of The Certificate of The Certificate of The Certified Copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

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

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

Shallow Water Boats, L (Name of the Limited	LC Liability Company as it now a Florida Limited Liability Comp	ppears on our records.)	■
The Articles of Organization for this Limited L	iability Company were filed on	06/15/2007	_ and assigned
Florida document number L07000063307	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability compan	y here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability C	ompany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	not the Maria	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	AL-	- <del>1</del>
		AH	
B. If amending the registered agent and/ registered agent and/or the new registered o		on our records, enter the	name of the new
registered agent and/or the new registered o		بار اس اس	S A IT
Name of New Registered Agent:	John Roberts, P.A.	0 <u>.</u> 2	S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
New Registered Office Address:	116 S. Magnolia Ave, Ste		40
	(Enter Florida street address)		
	Ocala	, Florida <u>3447</u>	
	(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 myduties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address Whereby 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title .	<u>Name</u>	Address	Type of Action
MGR	Jason B Boyette	3380 NE 34th Ave, Ste J Wildwood, FL 34785	Add Add Remove
MGR	David Forde	3380 NE 34th Ave, Ste J Wildwood, FL 34785	Add  Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			<b>—</b> D
			Add M ORemove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessar)	HAY 21 AM 10: 40
_			<b>5</b>
Dated	MAY 19 200	Non Tork	<del></del>
	Jason B Boyette	or authorized representative of a member  David Forde	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00