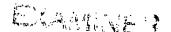
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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer: | : |
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Office Use Only

G. MCLEOD





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COVER LETTER

| TO: ' | Registration Se Division of Co | | | | K | ₹ |
|----------|-----------------------------------|--|--------------------------|---|---|--|
| SUBJE | ECT: | Petra | Develo Name of Limi | omen + and led Liability Compa | Consulting | 5,440 |
| The end | closed Articles of | Amendment and | d fee(s) are sub | mitted for filing. | | |
| Please 1 | return all correspo | ondence concern | ing this matter | to the following: | | |
| | | | Jed | Kirby Name of Person | 1 | |
| | | | | Firm/Company | | |
| | | | 4215 | Morris Address | on the | |
| | | | Ta | mpa, FI. | 33629 | |
| | | Е | Ted (| City/State and Zip (Kirbyapp o be used for future ar | code Cai sal group inual report notificati | · Com |
| For furt | her information o | concerning this m | natter, please c | all: | | |
| | Name o | of Person | | at () Area | . Code & Daytime Te | elephone Number |
| | ed is a check for t | | | | | |
| \$25. | .00 Filing Fee | \$30.00 Fili Certifica | ng Fee & te of Status | S55.00 Filing Certified Co (additional c | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registi Divisio P.O. B | ING ADDRESS ration Section on of Corporation ox 6327 | | Reg Div Clif | REET/COURIER sistration Section is conficient of Corporation Building | ons |
| | Tallaha | assee, FL 32314 | | 266 | 1 Executive Center | r Circle |

Tallahassee, FL 32301

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

| (Nome of the Haritad Lieblith, Comme | | |
|---|-------------------------------------|---|
| (Name of the Limited Liability Compan (A Florida Limited Liability Compan) | ability Company) | <u>is.</u>) |
| The Articles of Organization for this Limited Liability Company vi Florida document number | were filed on | and assigned |
| rionda document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| West Coast Boats | , 440 | |
| The new name must be distinguishable and end with the words "Limite" L.L.C." | d Liability Company," the designa | tion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | Same | 0 |
| (Principal office address MUST BE A STREET ADDRESS) | | 10 SI O |
| | | |
| | | 9 ===================================== |
| Enter new mailing address, if applicable: | Same | P ARE |
| (Mailing address MAY BE A POST OFFICE BOX) | | 72 |
| | | |
| | | , 4 |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | ce address on our records, <u>e</u> | nter the name of the nev |
| Name of New Registered Agent: | · | |
| New Registered Office Address: | | |
| | Enter Florida stre | et address |
| | , Flori | da |
| | 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = Ma MGRM = 1 | anager Managing Member | | |
|----------------------|---------------------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | · | Add Remove |
| D. If amen | ding any other information, enter cha | ange(s) here: (Attach additional sheets, if necessary.) |) |
| _ | | | |
| Dated | June 16 , ; | 2009 | |
| | | | |
| | | Jed Kirby ped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00