

Office Use Only



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SECRETARY OF STATE
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COVER LETTER

	Registration Section Division of Corpora		ŭ	,	
SUBJEC	:T:	Skywat	er Yachts LLC		
		Name of Limi	ted Liability Company		
The enclo	osed Articles of Amer	ndment and fee(s) are sub	omitted for filing.		
Please ret	turn all corresponden	ce concerning this matter	to the following:		
			Larry Morales		
Name of Person					
Skywater Yachts LLC					
	Firm/Company				
		2715	E Oakland Blvd, Ste 100		
			Address		
Fort Lauderdale, FL					
	City/State and Zip Code				
		F-mail address: (1	33306 to be used for future annual report noti	fication)	
For furthe	er information concer	ning this matter, please c			
		Morales	at (954)	205-5279	
	Name of Person	on	Area Code & Daytin	ne Telephone Number	
Enclosed	is a check for the following	lowing amount:			
₹ 25.00	O Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, 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 2661 Executive Center Circle Tallahassee, FL 32301

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

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SECTO	AN 17	PM	4: 22
FALLA	ETARY (HASSEE	OF_S	TATE
ras.)		, FL	ORIDA

Skywate	r Yachts FALL AHASSEE, FLORIDA Liability Company)		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{3}{100}$ and assigned $\frac{3}{100}$		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	2715 E. Oakland Blvd, Ste 100		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33306		
Enter new mailing address, if applicable:	2715 E. Oakland Blvd, Ste 100		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33306		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zin 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Red Duster Enterprises Inc	4701 NE 27th Ave Fort Lauderdale, FL 33308	
			Add Remove
 .			Add Remove
			Add Remove
	<u> </u>		AddRemove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	ry.)
<u> </u>		,	
Dated	12/3(,20	4/1/1/	
	/	or authorized representative of a member Lawrence Mora or printed name of signee	les

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Filing Fee: \$25.00