

**L08000104597**

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC  
Account Number : I20190000128  
Phone : (850)769-3434  
Fax Number : (850)769-6121

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: admin@standrewbaypilots.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAB BOAT COMPANY, LLC**

Certificate of Status	0
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Page Count	05
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TALLAHASSEE, FLORIDA

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December 20, 2023

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsSAB BOAT COMPANY, LLC  
PO BOX 1389  
PANAMA CITY, FL 32402-1389SUBJECT: SAB BOAT COMPANY, LLC  
REF: L08000104597

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

There is no reason for filing the amendment the name was changed on 05/30/23.

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.

Tracy L Lemieux  
Regulatory Specialist IIFAX Aud. #: H23000429646  
Letter Number: 923A00029031

The Articles of Amendment are attached. Please note we are changing the title of Condon Enterprises, LLC and Voss Miller Marine, LLC. They are currently listed as Managers and need to be changed to AMBR.

Thank you.

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SAB Boat Company, LLC**  
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:

William Q. Platt IV, Esq.

Name of Person

Hand Arendall Harrison Sale

Firm/Company

304 Magnolia Avenue

Address

Panama City, FL 32401

City/State and Zip Code

admin@standrewbaypilots.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Slack

Name of Person

at ( 850 ) 769-3434

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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SABBoatCompany, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 7, 2008 and assigned  
Florida document number L08000104597.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Condon Enterprises, LLC	3915 Diana Court	<input type="checkbox"/> Add
		Panama City Beach, FL 32408	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Voss Miller Marine, LLC	1609 Billings Avenue	<input type="checkbox"/> Add
		Panama City, FL 32401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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