# L080001/3300

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SECRETARY OF STATE SHVISION OF CORPOLATIONS

J. BRYAN

DEC 16 2008

**EXAMINER** 

### **COVER LETTER**

TO: Registration Security Division of Corp				
SUBJECT: Full	Throttle Mari	ne Sales, LLC		
	(Name of Limi	ited Liability Company)	•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Kimber	ly Ficken		
		(Name of Person)		
	Full Thr	ottle Marine Sale	S. UC	
		(Firm/Company)	. ,	, 3
	760 1645	Ave N (Address)	08 ncc 15	
		(Address)		1
	& Pelers b	curg, \$1. 33704 (City State and Zip Code)	5 PM 2: 10	CO280
	•	(City/State and Zip Code)	73	3
For further information co	oncerning this matter, please ca	all:	=	, इंड
Kimberly Fi	cken	at (813) 323 000 (Area Code & Daytime To	12	
twame o	i reison)	(Area Code & Daytime To	nephone Number)	
Enclosed is a check for th	e 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	

## MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 Dec. 11, 2008 Florida document number LO BOOO 11 3300 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) (City)

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 = Manager

MGRM = Managing Member

Title <u>Name</u> **Address** Type of Action 7260 Pebble Beach Ln Add Remove Seminde, Fl. 33777 Add □ Remove **1** Add Remove Add Remove Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Dec. 13 2008 Signature of a member or authorized representative of a member Kimberlin Ficher Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00