

W9000030286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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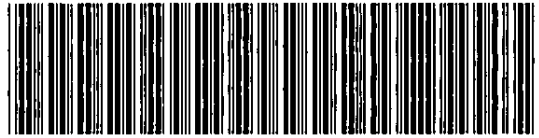
(Business Entity Name)

(Document Number)

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T. CLINE

MAY 12 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARG, 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 N. OLDS  
(Name of Person)  
THE BOAT SAFETY ACADEMY, LLC  
(Firm/Company)  
831 SE ST. LUCIE BLVD.  
(Address)  
STUART FL 34996  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

WILLIAM N. OLDS at (772) 214-6359  
(Name of Person) (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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ARG 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 MARCH 30, 2009 and assigned Florida document number 609000030286.

This amendment is submitted to amend the following:

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

The Boat Safety Academy, LLC

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)

C/O WILLIAM N. OLDS  
831 SE ST. LUCIE BLVD.  
STUART, FL 34996

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O WILLIAM N. OLDS  
831 SE ST. LUCIE BLVD.  
STUART, FL 34996

**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:

WILLIAM N. OLDS

New Registered Office Address:

831 SE ST. LUCIE BLVD

(Enter Florida street address)

STUART

(City)

Florida

34996

(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.

William N. Olds

(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	Name	Address	Type of Action
MGR	JOHN MACKENZIE	4071 SW BIMINI CIRCLE N. PALM CITY, FLORIDA 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SYLVIE MARCEAU	5049 N. A1A # 707 FT. PIERCE FL 34949	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

> ADDRESS CHANGE FOR MGR LISA M. OLDS

OLD ADDRESS: 4071 SW BIMINI CIRCLE N, PALM CITY FL 34990  
NEW ADDRESS 831 SE ST LUCIE BLVD, STUART FL 34996

> ADDRESS CHANGE FOR MGR WILLIAM N. OLDS

OLD ADDRESS: 4071 SW BIMINI CIRCLE N, PALM CITY, FL 34990  
NEW ADDRESS: 831 SE ST. LUCIE BLVD. STUART FL 34996

Dated MAY 10, 2010

*William N. Olds*

Signature of a member or authorized representative of a member

WILLIAM N. OLDS

Typed or printed name of signee

FILED  
MAY 10 2010  
ALABAMA  
SECRETARY OF STATE