L09000036228

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COVER LETTER

TO; Registration So Division of Cor			
Ocean Blue	e Yacht Sales, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul B. Boyd		
		Name of Person	
	Ocean Blue Yacht Sales, L	LC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	420 SW Federal Hwy		
	-	Address	
	STUART, FL 34994		X.
		City/State and Zip Code	
	Bryan Boyd Small Land	ablueyachtsales.com> to be used for future annual report notific	tio
For further information of	eoncerning this matter, please co		cation)
Paul B. Boyd		772 359-5547	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Ocean Blue Yacht Sales, LLC		
(<u>Name of the Limited Linbility Comn</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	y were filed on 04/13/2009	and assigned
Florida document number L09000036228		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		ŭ.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ari.
		Section Section 1
		A. O
B. If amending the registered agent and/or registered of		er the name of the
<u>registered agent and/or the new registered office address her</u>	<u>re</u> :	- OA 教
		5
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

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>	Address	Type of Action
MGR	Paul. B. Boyd	821 SW PINE TREE LANE PALM	■ Add
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Typed or printed name of signee

Filing Fee: \$25.00