L10000034160

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21 JUN 10 FM 3: 21

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	ek Airboats LLC			
SUBJECT:	Name of Lim	ited Liability Company		
en la la state est	A construction and the state of	minal for filing		
	Amendment and feets) are sub			
Please return all correspo	ndence concerning this matter	to the following:		
	Faith Denman			
		Name of Person		
	Diamondback Airboats LL	('		
		Firm/Company		
	1060 Cox Road			
		Address		
	Cocoa, FL 32926			
		City/State and Zip Code		
	faith@diamondbackamerica	i.com to be used for future annual report not	(Continue)	
			matem	
For further information of	oncerning this matter, please c	aH:		
Faith Denman		321 305-5995 er at () Area Code Daytin	xt. 2011	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration ! Division of C	Section	Street Address: Registration Sc Division of Co	rporations	
P.O. Box 632 Tallahassee. 1		The Centre of 2415 N. Monro	Tallahassee 5e Street, Suite 810	
rananasee.	11.0-017	_ 17.5 1 3.7 10.7110		

Tallahassee, FL 32303

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

Diamondback Airboats LLC

21 JUN 10 PH 3: 21

(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 $\frac{03/29/2010}{2}$ _____ and assigned Florida document number 1,10000034160 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 "L.I.C." or the abbreviation "L.I.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 _. Florida _

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 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

21 JUN 10 PH 3: 21

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Frances C Fleckinger	1060 Cox Road	□Add
		Cocoa, Fl. 32926	
			□Change
COO	Carlie Carver	1930 Tomato Farm Road	■Add
		Mims, FL 32754	□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
		. 18.0	□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	21 JUN TO PH 3: 21
in effective date is listed, the date mus	date of filing:
record specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
nted June 4	2021
hito r	W101000 111)
<u> </u>	Signature of a member or authorized representative of a member

Filing Fee: \$25.00