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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		tworks, LLC		
SOBSECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Brandon Vernesc		
			Name of Person	
		Billfish Boatworks, LLC		
Firm/Company				
		2701 Industrial Avenue 3		
			Address	
		Fort Pierce, FL 34946		
			City/State and Zip Code	
		brandon@billfishboats.com		
		E-mail address: (t	o be used for future annual report notific	ation)
For further i	nformation co	oncerning this matter, please ca	ill:	
Brandon Ve	rnese		at () 460-8559 Area Code Daytime*	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	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:

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Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Billfish Boatworks, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 04/26/2010	and assigned
lorida document number L10000044564	·	
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	SEC.
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		12: 3 12: 3
	·	39 0x
3. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the n
Name of New Registered Agent:	•**	
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip Code
	Can	MP CIME

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>	<u>Address</u>	Type of Action
MGR	Jaimee P. Godfrey	1602 Binney Drive	
		Fort Pierce, FL 34946	■ Remove
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			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee