## L10000059472

(Requestor's Name)	
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SECRETARY OF STALLAHYSSES OF

## **COVER LETTER**

Division of Corp	orations		
SUBJECT:	JPM Boa	AS LLC	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Gay!	le Lovett	
	JPM	Boats CLC	<u>,                                      </u>
	1875=	3 SE Federa	( Highway
	<del>-</del> .	StaFL 3346 Cit/State and Zip Code	
	E-mail address: 1	jera jupiter po	intercom
For further information cor	ncerning this matter, please co	all;	
Gayle L	ovett Person	at ( <u>\$61</u> ) <u>283-</u> Area Code Daytime	-D 688 Elelephone Number
Enclosed is a check for the	,		
L. \$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:		Street Address:	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED 2021 OCT 12 AH 12: 51

IPM Boats 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 \_\_\_\_\_\_06/03/2010\_\_ and assigned Florida document number 41 00000594 72 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 "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 igent and/or the new registered office address here: Gayle Lovett, Title General Manager

18753 SE Federal Highway

Enter Florida street address Name of New Registered Agent: New Registered Office Address: Tequesta Florida 33469 New Registered Agent's Signature, if changing Registered Agent: ' 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 iccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is peing 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.

Gasle Lovett

If Changing bygistered Agent, Signature of New Registered Agent

Title General Manager

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 Type of Action Name | Address manager Cathy Chapman \_\_ 🗆 Change □Add \_ □Remove □Remove \_\_\_\_\_ □Change Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change □Remove

\_\_\_\_\_ □Change

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Effective date, if (If an effective date is	other than the d	ate of filing	r:	to date of filing or	mare than 90 a	_ (optional)	Pursional to 605 (	0207 (3)
Note: If the date is document's effecti	nserted in this bloo	ek does not m	reet the applica	ible statutory fil	ing requirem	ents, this date	vill not be liste	d as the
the record specifies a cord is filed.	delayed effective	date, but not	an effective tir	ne, at 12:01 a.m	n, on the earli	er of: (b) The	90th day after	the
	10	16.	2021 ell	<u> </u>				
Dated			e.					
Dated	<i>Y</i>	rie Bi	2U)	rized representati				

Filing Fee: \$25.00

Typed or printed name of signee