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COVER LETTER

OVICH AND SONS BO Name of Lim	DAT WORKS, LLC	
Name of Lin	nited Liability Company	
dment and fee(s) are sub	omitted for filing.	
e concerning this matter	to the following:	
ICHAEL RYBOVICH		
	Name of Person	
CHAEL RYBOVICH 7	AND SONS BOAT WORKS, LLC	
75 IDLEWILD RD	Firm/Company	
LM BEACH GARDEN	Address SS, FL 33410	
	City/State and Zip Code SOVICHANDSONS.COM	
E-mail address: (to be used for future annual report notifi	cation)
ing this matter, please c	all:	
	561 627-9168	
n	Area Code Daytime	Telephone Number
owing amount:		
\$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)
ii ii	LM BEACH GARDEN SEN@MICHAELRYE E-mail address: (ang this matter, please of the control of th	Address LM BEACH GARDENS, FL 33410 City/State and Zip Code SEN@MICHAELRYBOVICHANDSONS.COM E-mail address: (to be used for future annual report notifi ng this matter, please call: at () Area Code Daytime wing amount: 30.00 Filing Fee & Certificate of Status Certified Copy

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

MICHAEL RYBOVICH AND SONS BOA (Name of the Limited Liabil (A Flori	lity Company as it now appears on our records. Ia Limited Liability Company))
(A FIMIK	as company	,
The Articles of Organization for this Limited Liability	Company were filed on 07/08/2010	and assigned
Florida document number L10000072433	 -	
This amendment is submitted to amend the following:		3
A. If amending name, enter the new name of the lin	nited liability company here:	
		(S)
The new name must be distinguishable and contain the words "Li	mited 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 ADD	(RESS)	99
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	e e et et e	
	Enter Florida street address	
	, Flo	
	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
AMBR	JULIA O. RYBOVICH	2354 HOPE LANE EAST PALM BEACH GARDENS, FL. 33410	
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Kote: If the date inserted in this block does not meet the applicable statutory filing requirement occurrent's effective date on the Department of State's records.	(optional) ys after tiling.) Pursuant to 605.020' ts. this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12. The 90th day after the record is filed.	:01 a.m. on the earlier o
Pated 10/24 20/8. Mild W Mul. Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00