## L 1200013655

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

AUG 1 8 2015

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Bent Boat, Marine Service and Repair LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard N Bankston Jr. Name of Person
Bent Boat, Marine Service and Roper LLC
3175 Blue Heron Dr N Address
City/State and Zip Code
Neal bontston @ a mail. con
For further information concerning this matter, please call:
Richard N Banks ton Jr. at (904) 868-6919  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Solong Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)\$\$\$ \$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

(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now apperiability Company	ars on our record	ds.)		
The Articles of Organization for this Limited L Florida document number <u>L 120000</u>	iability Company	were filed on _	Januar	30,2	O and ass	signed
This amendment is submitted to amend the following	owing:			₽g	2115	í
A. If amending name, enter the new name o	f the limited liabi	lity company	<u>here</u> :	CRETAI	15 AUG 1	
The new name must be distinguishable and contain the	vords "Limited Liabili	ity Company," the	designation "LLC	or the 56		.IKE
Enter new principal offices address, if applic	able:		<del></del>		<u> </u>	
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			ORIGE	=	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>					
B. If amending the registered agent and registered agent and/or the new registered or			on our record	ls, <u>enter tl</u>	ie name	of the new
Name of New Registered Agent:	Kathy	<u>m.</u>	Bonk	, tor	<u> </u>	<u>.</u>
New Registered Office Address:	3175	BI Je Enter F	orida street addre	n Dr.	<u>N</u> .	<del></del>
	Jackson	City	, F	lorida	3 da	23

## 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 a or removed fr	Authorized Person(s) authorized to ma rom our records:	nage, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address Dive Itera D. N	Type of Action
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		St. Johns F1 32259	□ Remove
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\_□ Change

. If amending any other information, enter change(s) here: (Attach additional shee	ets, if nece	essary.)		
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requires document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at	ments, this	filing.) Pur date will	not be list	ed as the
The 90th day after the record is filed.	-2.02			
Dated 8 13 2015, 2015.	igi.	2815		
Signature of a member or authorized representative of a mem	Der HU	NUG		
Richard M Bonkston 50 Typed or printed name of signee	RETARY OF STAT	# 0 		
Page 3 of 3	ORIDA	<u>n</u>	-	0

Filing Fee: \$25.00