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(Requestor's Name)	
(Address)	
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SECRETARY OF STATE
TALLAHASSEF, F. STATE

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Custom Boatworks UC
Name of Limited Liability Company

Angelu Baler

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

	•	Name of Person	
	Surasotu	Custom Boatwork	<u> </u>
	5515 15th	St. E Unit E	·
	Bradentm		
	ab-cialiv	74. 34203 City/State and Zip Code C. COM	
	E-mail address: (1	to be used for future annual report notifical	tion)
For further information co	ncerning this matter, please o	all;	
angela Bu	Mes	at (941 ,580-019	
Name of	Person .	Area Code & Daytime T	elephone Number
Enclosed is a check for the	following amount:		
\$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: 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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	AS =	
Sarasuta Cust	m Boatworks L	10 震	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears or rida Limited Liability Company)	1 our records.) SSR 3	
The Articles of Organization for this Limited Liabil.  Florida document number		30/12 Frand assigned ORNO F	
This amendment is submitted to amend the following	ug:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	E		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or re- registered agent and/or the new registered office:	egistered office address on our <u>address here</u> :	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		·	
	Enter Florida street address		
		, Florida	
_	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 608, 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

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member						
<u>Title</u>	<u> Nаще</u>	Address	Type of Action			
MGR.	Clifford Jung Angela bater	857 Weeburn St. Sarasofa, 76. 34243	Add Remove			
<u>mglm</u>	angela bater	857 Wee Burn St. Sarasok, Fc. 34843	Add Remove			
	<u> </u>		Add Remove			
			Add Remove			
			Add Remove			
	·		Add Remove			
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)				
			_ _			
21.			<del>-</del> -			
Dated <u>2/a3</u>	Ingela tou	Or puthorized representative of a member				
-	- Signature of a member HNGLIGATIVE	or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00