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# **COVER LETTER**

TO:	Registration Sec Division of Corp			
		RRY BOAT, LLC		
SUE	BJECT:	Name of Limi	ted Liability Company	<del></del>
The	enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Plea	se return all correspo	ndence concerning this matter t	to the following:	
		LUDI MOCKE		
			Name of Person	
			Firm/Company	
		P.O. BOX 1623		
		<del> </del>	Address	
		PONTE VEDRA, FL 3200	4	
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notif	fication)
For	further information c	oncerning this matter, please ca	all:	
LU	DI MOCKE		904 403-3055 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enc	closed is a check for the	he 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMALL FERRY BOAT, LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	
Florida document number L12000049761	
<del></del>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ıv 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:	13
(Mailing address MAY BE A POST OFFICE BOX)	
Training basicopy (ATT) Deliver of the second of the secon	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Ente	er 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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUDI MOCKE	108 DUCK BILL COVE PONTE VEDRA, FL 32082	<b>∃</b> Add
			☐ Remove
			☐ Change
MGR	PETER MOCKE	108 DUCK BILL COVE PONTE VEDRA, FL 32082	Add
			■ Remove
			☐ Change
			□ Add
			Remove
			Change
			D Add
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		,	□ Change
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Note: If the date inserted in t	n the date of filing:  the must be specific and cannot be properties block does not meet the app the Department of State's recon-	licable statutory filing re	(optional) than 90 days after filing.) Pursuant to equirements, this date will not be l	605.0207 ( isted as tl
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the record specifies a del	layed effective date, but i e record is filed.	not an effective tim	e, at 12:01 a.m. on the ea	rlier of:
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the record specifies a del	e record is filed.	not an effective tim	e, at 12:01 a.m. on the ea	rlier of:
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the record specifies a del ) The 90th day after the	e record is filed.	ithorized representative of		rlier of:

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Filing Fee: \$25.00