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Division of Corporations

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: (850)617-6383

From:

Account Name : METRO BUSINESS AGENCY, INC.

Account Number : I20080000101 Phone : (239)466-8600 Fax Number : (239)275-0865

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 		

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EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: FORT MYERS BOAT REPAIR WELDING & CREATIONS 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:

		MARTHA M COLOMA				
	-	Name of Person				
	ALL F	LORIDA FINANCIAL LLC		•		
	Firm/Company					
	2315 BRUNER LN UNIT A Address					
	FORT MYERS, FL 33912					
City/State und Zip Code						
				SEN	72	
	E-mail address: (to be used for future annual report noti	fication)	>:	<u></u>	e ser jestiv
For further information	concerning this matter, please of	eall;		SSVI	12 JUN 14	A
MART	THA M COLOMA	at (_239_)	995-7500	m _C	A	
Name of Person		Area Code & Daytime Telephone Number			ابن ا	
				ORIGINAL SERVICE SERVI	37	
Enclosed is a check for	the following amount:			D		
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	i) Certified	of Status	_	d)

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

FORT MYERS BOAT REPAIR WELDING & CREATIONS 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 C	ompany were filed on	06/08/2012	and assigned
Florida document numberL12000076468	'		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	re:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			¥
(Principal office address MUST BE A STREET ADDR	ESS)		7 2
			- Game
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			7 3
			3:6:
		•	5m 3
B. If amending the registered agent and/or regist	ered office uddress on	our records, <u>enter tî</u>	e name of the new
registered agent and/or the new registered office addr	ess nere:		
Name of Nam Daylatered Access			
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 uddress of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Title Type of Action Name | Address MGR **ELIAS T DA SILVA** 3802 HANSON AVE UNITS 7& 8 Add
 Remove EORT MYERS, FL 33916 US ELIAS P DA SILVA MGR 3802 HANSON AVE UNITS 7 & 8 ☑ Add **FORT MYERS, FL 33916 US** Remove □ Add Remove _ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member MARIA L DA SILVA, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00