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COVER LETTER

- TO: Registration Section Division of Corporations		. •
SUBJECT: American Boa. Name of Limi	ted Liability Company	ny LLC
The enclosed Articles of Amendment and fee(s) are subr	_	
Please return all correspondence concerning this matter t	to the following:	
Mark	A. Willam. Name of Person	<u>S</u>
American	Boathouse (iompany LLC
9008 Lau	S Rd E Address	<u></u>
Clermo	City/State and Zip Code	1
Bauln E-mail address: (to	o be used for future annual report notifica	tion)
For further information concerning this matter, please ca		,
Mark Williams Name of Person	at (467) 453- Area Code Daytime To	- 5155 elephone Number
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee S30.00 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	Street Address: Registration Section	an.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Boothouse	Lompany LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	i <mark>ny as it now appears ortour records.</mark> Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L1200091458</u>	were filed on 7/16/2	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		2022 TAL
		SP E
Enter new mailing address, if applicable:		SERVE
Mailing address MAY BE A POST OFFICE BOX)		7 × 0
_		ORDE -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Flor	
	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	Scott A. Rine	14029 Division St.	
		Groveland, FL 347	<u>36</u> □Remove
			Change
			🗆 Add
			□Remove
			Change
		 	🗀 Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be present in this block does not meet the appument's effective date on the Department of State's record	rior to date of filin blicable statutor	g or more than 90 day			
cord specifies a delayed effective date, but not an effective filed.	e time, at 12:01	a.m. on the earlier	of: (b) The 90	th day a	fter the
September 16. 202	<u>اھ</u> .				
Signature of a member or au					