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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
CITO IE	Bond Boats			
SUBJE	CT:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	eturn all correspo	ndence concerning this matter	to the following:	
		Jonathan R. Bond		
			Name of Person	, , , , , , , , , , , , , , , , , , ,
		Bond Boats L.L.C.		
			Firm/Company	, , , , , , , , , , , , , , , , , , ,
		6590 Bay Tree Ct.		
			Address	
		Saint Cloud, FL 34771		
			City/State and Zip Code	
		Jbond@bondboats.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Jonatha	ın R. Bond		407 8735740 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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



Bond Boats L.L.C.

(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 Company	were filed on <u>4/23/2013</u>	and assigned
Florida document number L13000059598		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Bond Yachts L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	810 Scallop Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Cape Canaveral, Fl 3292	0
Enter new mailing address, if applicable:	6590 Bay Tree Ct.	
(Mailing address MAY BE A POST OFFICE BOX)	Saint Cloud, Fl 34771	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
if Cha	nging Registered Agent, Sign	ature 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: FILED MGR = Manager 2017 MAR 10 PM 2: 36 AMBR = Authorized Member Address TALLAHASSEE, FLORIDE **Title Name Type of Action** _□ Add _□ Remove ☐ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change _ Add □ Remove _□ Change _□ Add _□ Remove _□ Change

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