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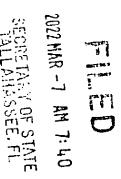
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A. BUTLER MAR 17 2022

COVER LETTER

то:	Registration Se Division of Cor			. • .	, .	
SUBJEC	St. John's E	Boat Sales, LLC				•
OOLGE		Name of Line	nited Liability Company		·	
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Stephen C. Moatz				
			Name of Person			
		St. John's Boat Sales, LLC				
			Firm/Company			
		500 Palmer St. #276				
			Address	,	· · · · · · · · · · · · · · · · · · ·	
		Green Cove Springs, FL 3	2043			
			City/State and Zip Code		····	
		steve@stjohnsboatsales	to be used for future annual			
For furth	er information c	n-mail address: (oncerning this matter, please c		тероп пописа	ition)	
Stephen	C. Moatz		904 65	57-2228		
	Name o	f Person	Area Code	Daytime To	elephone Number	
Enclosed	l is a check for th	ne following amount:				
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en-		Certified	e of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

St. John's Boat Sales, LLC.

2022 HAR -7 AM 7: 40

St. John's Dodi Sales, Dice		rottikk – 1 MU 1: đO			
(Name of the Limited Liability Con	npany as it now appears o	n our records.)			
(A Fiorita Lanta	ed Clabinity Company)	SECRETARY OF STATE			
The Articles of Organization for this Limited Liability Compa	ny wara filed on 5/30/2	20 ALLARASSEE, FL			
The Articles of Organization for this Elimited Liability Compa	my were thed on	and assigned			
orida document number L13000078722					
This amendment is submitted to amend the following:	stinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." offices address, if applicable: ress MUST BE A STREET ADDRESS) ddress, if applicable: Y BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new registered of registered office address here: w Registered Agent: red Office Address: Enter Florida street address Enter Florida street address Florida Zip Code				
A. If amonding name, onto the new name of the limited li	ahility aamnany hara				
x. If amending name, enter the new name of the functed in	aumty company nere	•			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
		·			
Inter new mailing address, if applicable:					
Mailing dadress MAT BE A POST OFFICE BOX					
3. If amending the registered agent and/or registered offic	e address on our reco	ords, enter the name of the new register			
gent and/or the new registered office address here:					
Name of New Registered Agent:	 				
Many Davietanad Office Addresses					
New Registered Office Address.	Enter Florida	street address			
		, Florida			
	City				
ew Registered Agent's Signature, if changing Registered Age	nt•				
to registered regent a organization, in changing registeres rege	<u></u>				
hereby accept the appointment as registered agent and a					
provisions of all statutes relative to the proper and comple					
accept the obligations of my position as registered agent a					
peing filed to merely reflect a change in the registered offi	ice 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Haney, Ryan M.	500 Palmer St. #276	
		Green Cove Springs, FL 32043	■Remove
			□Change
			□Add
			□Remove
			□ Change
		.	🗀 Add
			□Remove
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			□Remove
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ctive date, if other than the c	late of filing:		(optional)	
Tective date is listed, the date must ! If the date inserted in this blo ment's effective date on the De	ck does not meet the app	licable statutory filing		
mem s enterme date en me de		3 0.		
ord specifies a delayed effective filed.	date, but not an effective	e time, at 12:01 a.m. c	n the earlier of: (b) The S	00th day after t
March 3rd	2022			
(H)	7	- 		
\		ithorized representative		

Filing Fee: \$25.00