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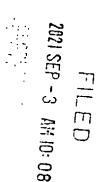
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COVER LETTER

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end nez	·**	AT THE PIER, LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	. -
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Terry Thomas Porter		
			Name of Person	
			Firm/Company	<u> </u>
		126 9TH AVENUE NE		
			Address	
		ST, PETERSBURG, FL 3	3701	
			City/State and Zip Code	
		waterbug1944@yahoo.com		
		E-mail address: (to be used for future annual report not	ification)
For further	er information c	oncerning this matter, please c	all:	
Anthony	J. Cuva		813 443-2199	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Addres Registration 5		<u>Street Address:</u> Registration Se	ction
Ī	Division of C	Corporations	Division of Cor	rporations
! !	Registration S	Section Corporations C7	Registration Se Division of Co The Centre of T	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOATING AT THE PIER, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our rability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company v	were filed on 12/16/2013	and assigned	
Florida document number L13000173219			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
SAIL ENTERPRISE II, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		73 73 73 73 73 73 73 73	
		S S	
		. Δ =	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		0	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>e</u>	nter the name of the new registere	
New Registered Office Address:			
	Enter Florida street address		
		_, Florida	
	Cùy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic rovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is	

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
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		<u> </u>	
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an effective date is	f other than the date of s listed, the date must be speci	fic and cannot be prior	to date of filing or more	than 90 days after	filing.) Pursuant to	605.020
	inserted in this block does tive date on the Departmen			equirements, this	date will not be	listed a
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	a delayed effective date, b	ut not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day a	ifter the
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	Signatur	of a member or autho	fixed representative of	a member		
	Signatur	20, a member of audit	10			
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Filing Fee: \$25.00