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(Requestor's Name)					
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COVER LETTER

	COVER EETTEN			
TO: Registration S Division of C				
SUBJECT: Premier Boat & R.V. Stoarage, LLC				
	Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.			
Please return all corres	pondence concerning this matter to the following:			
	Timothy Shippee			
	Name of Person	_		
	Hathaway & Reynolds, P.A.	S* №		
	Firm/Company	2014 JBB CECALLA		
	50 A1A North, Suite 108			
	Address	- SSEE		
Ponte Vedra Beach, FL 32082				
	City/State and Zip Code	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		
	timothy.shippee@pvtitle.com E-mail address: (to be used for future annual report notification)	» · O		
For further information	n concerning this matter, please call:			
Timothy Shippee _{at (} 904 ₎ 280-5575				
Name	e of Person Area Code Daytime Telephone Numb	er		

Enclosed is a check for the following amount:

■ \$25.00 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

Premier Boat & R.V. Stoarag			
(Name of the Limited I (A)	iability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	lity Company were filed on 6/12/2014	and ass	igned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
Premier Boat & R.V. Storage, LLC			
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "l	L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
		2 2	3
Enter new mailing address, if applicable:		AHAS AHAS	130 100 200
(Mailing address MAY BE A POST OFFICE BO	X)	May 5	
		72	111
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	r the name	of the nev
	·		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
-	, Florida _	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
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Filing Fee: \$25.00