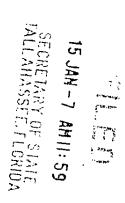
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## **COVER LETTER**

DIVISION OF	Corporations ,:
SUBJECT:	BOAT PARTS NETWORK, LLC Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	CHARLES FLETCHER SHACKELFORD Name of Person
	BOAT PARTS NETWORK LLC Firm/Company
	PO BOX 5892  Address
	DESTEN FL 32541  City/State and Zip Code
	TRACEY @ LECACYBOATENCCLUB. COM  E-mail address: (to be used for future annual report notification)
	ion concerning this matter, please call:
<u>CHARLES</u> Na	ame of Person at (***********************************
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fe	ee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Registration Section

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

BOAT PARTS N	STWORK LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our recor Liability Company)	<u>(ds.</u> )	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/4000/9605</u>	y were filed on <u>/2/30</u>	//4 and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia  NATIONAL BOAT  The new name must be distinguishable and end with the words "Limited Lia"	<del></del>		
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "L	LC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name	e of the new
Name of New Registered Agent:		A A	
New Registered Office Address:	Enter Florida street addr	SS	A COMPANY OF THE PROPERTY OF T
			- American
	, F City	lorida <u>v Siji Code</u>	<u> </u>
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		<b>9</b>

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)			
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The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated			
Dated $1/5/2015$ $2 Show$	he effective date must be spe	ecific, cannot be prior to date of receipt or filed date and ca	(optional) nnot be more than 90 days after
7 Z Shar	4 .	·	
Signature of a member or authorized representative of a member	11510		
Signature of a member or authorized representative of a member	Dated //5/2	$\alpha - \alpha$ .	
	Dated	77 Show_	
		Signature of a member or authorized represent	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE