

# Florida Department of State

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CC Fishing Boats, LLC

Fax Server

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liz (A Flo	ability Company as it now appears on or orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabilit Florida document number L15000012241	y Company were filed on 1/22/20	215 and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
Arkansas Boats, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street address	
	City	, Florida
	City	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

Broad	and	Cassel
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MGR = Manager

2/19/2015 4:12:14 PM PAGE

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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:

<u> Litle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Add
			□ Remove
·-			D Add
			Remove Remove Remove Remove Remove Remove Remove
			B S S S S S S S S S S S S S S S S S S S
			ORIDA 36
			□ Abb
			□ Remove
<u>-</u>			□ Add
			□ Remove

. If amending any other information, enter change(s) here: (Attoch addi	tional sheets, if necessary.)
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Dated February 2015	
and Relative of a trember or authorized representati	ion of a member
Angela R. Pilkington, Member Representative	Ye of a Momoci
Typed or printed name of signce	

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