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COVER LETTER

TO:	Registration Section
	Division of Corporations

BARRACU SUBJECT:	DA BOAT & RV STORAGE	- THE VILLAGES LLC	
Sobotier.	Name of Lim	ited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MICHAEL STANLEY		
		Name of Person	
	-	Firm/Company	
	195 SW 129TH TERR		
		Address	
	NEWBERRY, FL 32669-2	787	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ration)
For further information co	oncerning this matter, please ca	all:	
MICHELLE SHUGAR		352 682-0544	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Fiting 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

BARRACUDA BOAT & RV STORAGE - THE VILLAGES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on $\frac{02/11/2}{1}$	2015	and assigned
Florida document number 1.15000025728	· · ·		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here:		
BARRACUDA BOAT & RV STORAGE - EDGEWATE	ER LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	nation "LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		_ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			769
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		r records, enter.	the name of the new
New Registered Office Address:	Enter Florida s	treet address	
		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

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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ffective date is listed, the date must be speci-	fic and cannot be prior to dat	e of filing or more than 90 day	s after filing.) Pursu	ant to 605.0
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