

LI 50000 39746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

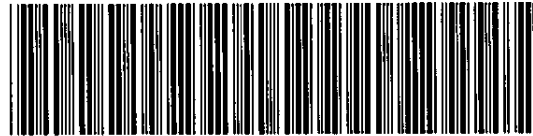
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

STATE OF NEW YORK

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 4-10-15
Requestor Name: Carlton Fields Jordan Burt, P.A.
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585
Contact Name: Kim Pullen, CP, FRP

Corporation Name:

Just-Boat Services, LLC

Email Address:

Entity Number:

Authorization:

L15000039746
Kim Pullen

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DIVISION OF CORPORATIONS

☐ Certified Copy

☐ Certificate of Status

☐ New Filings

☒ Plain Stamped Copy

☐ Annual Report

☐ Fictitious Name

☒ Amendments

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

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Client: 54913 Matter: 40644
Name: R. Macaulay Office: MIA

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CF Internal Use Only

Client:

54913

Matter:

40644

Name:

R. Macaulay

Office:

MIA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JUST-BOAT SERVICES, 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 Company were filed on March 4, 2015 and assigned
Florida document number L15000039746.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

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>	<u>Address</u>	<u>Type of Action</u>
AP	ROBERT B. MACAULAY	100 SE SECOND ST. SUITE 4200	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Remove
AMBR	MARC LUNDEBERG	765 CRANDON BLVD UNIT 111	<input checked="" type="checkbox"/> Add
		KEY BISCAVNE, FLORIDA 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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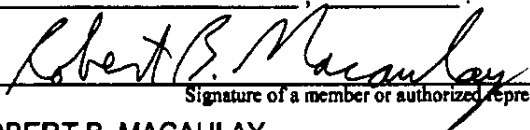
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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 APRIL 10 2015



Signature of a member or authorized representative of a member

ROBERT B. MACAULAY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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