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910 Foulk Road, Suite 201, Wilmington DE 19803 Phone: 302-652-4800 ● Fax: 302-652-6760 www.corpco.com ● info@corpco.com

October 14, 2015

VIA FEDEX

Florida Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: <u>GETBOAT LLC - L15000095603</u>

Dear Sir or Madam:

Please find enclosed the following for the above referenced entity:

- Articles of Amendment to Articles of Organization
- Check in the amount of \$30.00 to cover the filing fees

Please file the Articles of Amendment at your earliest convenience and return any evidence of filing to our office via regular mail.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a good day

Sincerely,

Gabriela Faiardo

Enclosures

COVER LETTER

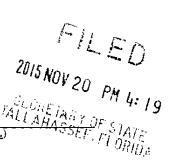
SUR IFCT.		LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
Division of Corporations GETBOAT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gabriela Fajardo Name of Person CorpCo Firm/Company 910 Foulk Rd. Suite 201 Address Wilmington, DE 19803 City/State and Zip Code info@corpco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Fajardo Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate copy sendosed) Certificate of Status				
			Name of Person	
		CorpCo		
			Firm/Company	
		910 Foulk Rd. Suite 201	•	
			Address	
		Wilmington, DE 19803		
			City/State and Zip Code	
		-	16.6.	<u> </u>
				neation)
For further i	nformation co	oncerning this matter, please ca	ail:	
Gabriela Fa	jardo			
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 l	Filing Fee		Certified Copy	Certificate of Status &

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



GETBOAT 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 06/01/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Florida document number L1500095603 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GetPass LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ls, enter the name of the
egistered agent and/or the new registered office add	iress here;	
Name of New Pegistered Agent		
Name of New Registered Agent.		
New Registered Office Address:	Enton Elonido atrovat adde	200
	, F	lorida
	·	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a		urther agree to comply with

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	g Authorized Person(s) authorized to m from our records:	nanage, <u>enter th</u>	e title, name, and address of each	person being added
MGR = M	Ianager Luthorized Member		FILED 2015 NOV 20 PM 4: 19	
<u>Title</u>	<u>Name</u>	Address	TAILAHASSEE, FLORIDA	Type of Action
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Filing Fee: \$25.00