L23000307630

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : A1A REGISTERED AGENT INC.
Account Number : I22000000032
Phone : (561)792-2236
Fax Number : (561)202 8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOUNTY YACHT SERVICES LLC

Certificate of Status	0
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23 SEP 05 AM 11:15

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BOUNTY YACHT 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 12/14/2023 and assigned Florida document number L15000202427.

This amendment is submitted to amend the following:

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

BOUNTY MARINE SURVEYORS LLC

The new name must be distinguishable and contain 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)

1905 W BLUE HERON BLVD
RIVIERA BEACH FL 33404-5149

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 9291
RIVIERA BEACH FL 33404-5149

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)

_____, _____, 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

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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

Title	Name	Address	Type of Action
AMBR	CHRISTIAN ECK	PO BOX 929	☐Add
		RIVIERA BEACH, FL 33404-5149	☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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D. If amending any other information, enter change(s) here: [illegible]

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

[illegible]

Note: [illegible]

[illegible]

Date: AUGUST [illegible] 202[illegible]

[illegible]

Signature [illegible]

CHRISTIAN [illegible]

Typed or printed name of signee

Filing Fee: $25.00

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