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SECRETARY OF STATE

COVER LETTER

TO:		tion Section of Corpora										
SUBJI	ECT:	Formula	Bosts	South L Name of L		Liability Compa	any	·				
The en	closed Arti	cles of Ame	ndment an	d fee(s) are s	ubmit	ted for filing.						
Please	return all c	orresponden	ce concerr	ning this matt	er to t	the following:						
			<u>-</u> ,	Tony	Ve	Name of Per	Son	···	·,			
				Formula	Bun	ts South Firm/Compa	LLC LLC					
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For fur	ther inform	ation concer	ming this 1	matter, please	call:						PM 2: 33	ALC FLORUS
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		Name of Pers	on			Area Co	de Da	lytime Teleph	one Number	•		
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		MAILING Registration Division of P.O. Box 63 Tallahassee	Section Corporation 27	ons		R D C 20	TREET/CO egistration So ivision of Co lifton Buildin 661 Executiv allahassee, F	ection orporations ng e Center Cir				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Formula Boats So	outh LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number <u>L16000111474</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		350
(<u>Principal office address MUST BE A STREET ADDRE</u>	<u>SS)</u>	*
		2
Enter new mailing address, if applicable:	_	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	* 11 1211	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		··· <u> </u>
	Enter Florida street address	
	, Flor	ida Zip Code
	Cuy	гір Сойе

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

MGR = M AMBR = A	lanager uthorized Member		
<u> Fitle</u>	Name	Address	Type of Action
AMBR	D+D Pellicci Enterprises Inc	3450 Twinberry Ct.	
		Bonita Springs, FL 34134	☐ Remove
			□ Change
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(If an <u>Not</u> e	etive date, if other than the date of filing:	207 (3)(b) as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
(5) //		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00