## 1/6000229047

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## **COVER LETTER**

	n of Corporations		,
Pho SUBJECT:	oenix Trailer Distribution, LLC		
SOBJECT.	Name of I	Limited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are s	submitted for filing.	
Please return all o	correspondence concerning this mat	ter to the following:	
	Mark R. Dancer		
		Name of Person	·
	Dingeman & Dancer, P	LC	
		Firm/Company	
	100 N Park Street		
	<del></del>	Address	
	Traverse City, MI 4968	4	
		City/State and Zip Code	
	bryant@ddc-law.com E-mail addres	s: (to be used for future annual report notif	ication)
For further inform	nation concerning this matter, please		
Benjamin W. Br	yant	231 929-0500	
	Name of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a che	eck for the following amount:		
□ \$25.00 Filing	g 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

Phoenix Trailer Distribution, LLC	
( <u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 12/20/2016 and assigned
Florida document number 1.16000229047	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Boat Trailer Supply, LLC	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
	mrss. 4 1
(Principal office address MUST BE A STREET ADD.	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
B If amending the registered agent and/or regi	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	,
<del></del>	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 Title <u>Name</u> <u>Address</u> Type of Action \_□ Add ■ Remove \_□ Change □ Add \_□ Remove \_\_ 🗆 Change ☐ Remove □ Add ☐ Remove \_□ Change □ Add ☐ Remove

\_\_\_\_\_\_ Change

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If an effective date is listed, the	an the date of filing:  late must be specific and cannot be prior this block does not meet the applic the Department of State's records.	to date of filing or more than 9 able statutory filing require	00 days after filing.) Pursuant to	605.0207 (3)(b listed as the
				P <b>.</b>
document's effective date o	elayed effective date, but no ne record is filed.	t an effective time, al	: 12:01 a.m. on the ea	irlier of:
document's effective date on the record specifies and the 90th day after the Semember 26		it an effective time, al	: 12:01 a.m. on the ea	riier of:
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Filing Fee: \$25.00