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(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT:	Kingfisher) Name of Lim	Cachting CCC	
		J	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dh	ardra Blake Name of Person	
	King	fisher Yachtin	& LLC
	<u> </u>	Box 30407	
	F+.	Lauderdale City/State and Zip Code	FL 33303
	E-mail address: (terallingfish	FL 33303 ner vintage yacht. com
For further information e	concerning this matter, please ca	all:	·
Name o	Ira Blake of Person	at (813) 484 Area Code Daytin	re Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ling	Fisher Yachtin	g,LLC	_
(A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab		1/20/2016 and	d assigned
	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the design	ation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
			2020 DEC
Enter new mailing address, if applicable:			曼卫
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>	-28-
			- 丑 コ
B. If amending the registered agent and/or regi agent and/or the new registered office address h	istered office address on our recornere:	ds, enter the name of the	new registered
N			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s.		
	Enter Florida si		
-	City	, Florida	
	~·· ·/	1347 0	

ew Registered Agent's Signature, if changing Registered Agent:

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany has been notified in writing of this change.

	from our records:		
IGR = N MBR = A	lanager Luthorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
<u> </u>	David Krokoski	P.O. Box 30402 Ft. Lauderdale, FL 3330	□Add
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ctive date, if other than the da	o of Gline	a.			(n.n.*: n.=	1)
effective date is listed, the date must be e: If the date inserted in this block	specific and	l cannot be pri	or to date of fil	ing or more than 9	(optiona days after filin ments, this dat	g.) Pursuant to 605.02
iment's effective date on the Depa						
ord specifies a delayed effective datiled.	te, but not	an effective	time, at 12:0	La.m. on the ea	rlier of: (b)	The 90th day after th
ed December 16		202	0			
Sie	nature of a r		$- \mathcal{D} \mathcal{N} \mathcal{D} \mathcal{D}$	entative of a mem	ber	
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