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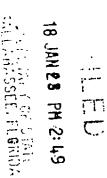
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: True Blue Ponton Rentals, Okalosa Island LIC
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Robert Travis Shirley Name of Person
True Blue Pontoon Rentals, Okaloosa Island, Us
3806 Indian Trail
Destin FL 32541  City/State and Zip Code
BOB WINGT. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Travis Shirley at (850) 598.3057  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (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

True Blue Pontoon Rent (Name of the Limited Liability Comps (A Florida Limited)	als, Okaloosa Island, LLC any as it how appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 17000691.55	were filed on July 5, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3806 Indian Trails  Destin, Fl 32541
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3806 Indian Franco Destin, Fl 32541 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: Amel	Miracle Strip Pkwy.  Enter Florida street address
New Registered Office Address: 348 3	Sw Miracle Strip Pkwy.
tort Wal	Enter Florida street address  Hon Beach, FL Florida 32548  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

#### N

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.

banging 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						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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Filing Fee: \$25.00