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SEURE TARY OF STATE FALLAHASSEE, FLORIDA

## COVER LETTER

SUBJECT: TY	ue Blue Ponto Name of	Rentals OKall Limited Liability Company	loose Islank, Loc
The enclosed Article	es of Amendment and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	iter to the following:	
	Robert-	Travis Shirle	4
	True Blue,	Pontoon Rental	s, Okalonsa Island, LLC
	463 HIX	Morie Court	
	Fort DVa	Ulton Beach, FL	32548
	E-mail address:	(to be used for future approximately	quail.com
For further information	concerning this matter, please c	all:	fication)
Pamela B	of Person	at ( <u>B50</u> ) <u>531 - 3</u> Area Code Daytim	5452_ ne Telephone Number
Enclosed is a check for t	he following amount		
□ \$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee.  Certificate of Status &  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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 ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on Millian 28, 2017 and assigned Florida document number <u>L17000069755</u>

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liab  Enter new principal offices address if an it	ility Company "all the
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	His Company," the designation "L.L.C."  463 Abalone Court  Fort Walton Beach, Fl 32548
Enter new malling address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	463 Abalone Court Fort Walter Beach, FL 32548
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Florida
w Registered Agent's Signature, if changing Registered Agents	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

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

AMDK =	= Authorized Member		
Title	Name	Address	
MGR	Robert Travis.	Shirley 44.2 May	Type of Action
		Follow We	V T Add
		Shirley 463 Abalone axe Fort Walter, Beach, FL	□ Remove
MGR	Terrell E. Bre	22348	_
<u> </u>	IENVELLE. 13re	red 9488 Pouter Large	∏ Add
		Mavarre, FL 3256	Remove
			Change
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te: If the date inserted in this became it is effective date on the D	lock does not meet the applica	to date of filing or more than 90 days all able statutory filing requirements, to	fter filing.) Pursuant to 605.0207 (	3)(b
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record specifies a delayed he 90th day after the rec	effective date, but not	an effective time, at 12:01		
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	Signature of a member of and	zee topresentative of a member		
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Page 3 of 3

Filing Fee: \$25.00