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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	• • •	
SUBJECT: Rue Blue Name of	Pontoon Rentals CLimited Liability Company	, Ohaloos
		Island L
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Robe	Rame of Person	
True Blue Po	nton Bental, O	Na 1005a
463 ABO	alone Ct	
Fort w	Daton Buh Fi City/State and Zip Code	32548
E-mail addre	ess: (to be used for future annual report notification)	JW
For further information concerning this matter, plea	ase call:	
Robert Shirk	at (SSD) 598 - Daytime Telephone	3057 Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee & Certificate of Statu	(additional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True Blue Pont (Name of the Limited Liability Co	mpany as it now appears on our record.) ited Liability Company)	Maryo	isa ll
The Articles of Organization for this Limited Liability Comp	pany were filed on $3/27/70$	and assi	gned
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 L	Liability Company," the designation "LLC" or	the abbreviation "L.I	C."
Enter new principal offices address, if applicable:		<u>;^_</u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	022H	
		HAR 2	Gartess 6 ii 8 ii
Enter new mailing address, if applicable:		21 A	1 171
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new	registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florid	la.	
	, Florid	ia 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 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
n <u>6r</u>	Danny	Bilger	203 Dolphin Estate OF Deshn Ti 32541) tb Add
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(If an effe Note:	ve date, if other than the date of filing:
ne record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated ₋	5505. 71 dward
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00