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COVER LETTER

TO: Registration Section Division of Corporations	2011 SEI
SUBJECT: BLU-FIN Boot Dentals LLC. Name of Limited Liability Company	RECEIPE FLORIDA
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	MII: 18
Noelle Sons Name of Person	
BLU-Fin Boat Rentals LLC.	
260 coldstream ave.	
Merritt ISland Fl. 32953 City/State and Zip Code Patell 127 @ gmail Com E-mail address: (to be asset for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (321) 795-225-6 Name of Person Area Code Daytime Telephone Number	
radditional copy is enclosed) Certified C	of Status & opy py is enclosed)
already received my check. #100	27 fr 35
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Fl. 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clirton Building 2661 Executive Center Circle Tallahassee, Fl. 32301	was received and deposited by FDS-DUC Letter Maked
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	COCT CATO	LLC	ords.)	
	ed Liability Company as i (A Florida Limited Liabilit			
The Articles of Organization for this Limited L	iability Company were	tiled on TCILS	$\frac{40.2017}{201}$ and assigned	I
Florida document number <u>CP 5 15</u>	<u> </u>	0000 72 9x6	?	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of the new name must be distinguishable and contain the vertice new principal offices address, if applied the enter new principal offices address MUST BE A STREET.	f the limited liability c	ompany here:		
The new name must be distinguishable and contain the v	ords "Limited Liability Cor	npany," the designation "l	J.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:		7.15	
(Principal office address MUST BE A STREE	TADDRESS)			ーデ
	_		3 FT	- m
Enter new mailing address, if applicable:			الله الله الله الله الله الله الله الله	
(Mailing address MAY BE A POST OFFICE	BOX)		5	25
			(7-	
B. If amending the registered agent and registered agent and/or the new registered or		address on our reco	ords, enter the name of th	<u>e new</u>
Name of New Registered Agent:	Redrick	Daniels		
New Registered Office Address:		<u>Eame</u>		
		Enter Florida street add		
	(iiy ·	Florida 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 Address **Type of Action** Name: Patrick Daniels Cape caraveral, Fl. 32920 MAR _□ Remove ☐ Change □ Add ☐ Remove _□ Change DIVISION OF Change Add 17 BUL - 3 PH 1: 05 ☐ Change DbA □ _□ Remove _□ Change _□ Add ☐ Remove

_□ Change

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Filing Fee: \$25.00