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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SMART BOAT TECHNOLOGIES, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL HENNINGS Name of Person
SMANT BOAT TECHNOLOGIES, LLC Firm/Company
3500 SW CORPORATE PRUY STE 201 Address
City/State and Zip Code Mhennings 1 @ hofmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEL HENNINGS at (772) 486-7427 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 OF

SMARTGOAT TEC	CHNOL	UGIES, LLC		
SMANT BOAT TEC (Name of the Limited (A	<u>Liability Com</u> Florida Limite	pany as it now appears on disconnection. d Liability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number Li70002184	ility Compar	ny were filed on/0/	23/17	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited lia	ability company here:		
S'M A R-T CRAFT TE The new name must be distinguishable and contain the word	CHNOL	-061ES , L	LC	
The new name must be distinguishable and contain the word	ls "Limited Lia		_	reviation "L.IC."
Enter new principal offices address, if applicab	le:	No (HANGE	
(Principal office address MUST BE A STREET.	ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	NO CHA	NGE	E 11. E D
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	NO	CHANGE		
New Registered Office Address:				
		Enter Florida s	treet address	
			, Florida	
		City		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.

N / A

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