118000011838

| (Requestor's Nam | ne) |
|---|----------------|
| (Address) | |
| (100/050) | |
| (Address) | |
| | |
| (City/State/Zip/Ph | one #) |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity N | Name) |
| (Decument Number | |
| (Document Numb | er) |
| Certified Copies Certifica | ates of Status |
| | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: Registration So Division of Con | | | |
|--|--|---|--|
| SUBJECT: Silver Ki | ing Yachts LLC | | |
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| ٠ | | | |
| | Steve Griffin | | |
| | | Name of Person | • |
| | GRIFFIN Tax | | |
| | | Firm/Company | |
| | 971 Virginia Ave STE E | | |
| | | Address | |
| | Palm Harbor, FL 34683 | | |
| | · · | City/State and Zip Code | <u> </u> |
| | steve.griffin@griffintax.co | om to be used for future annual report notifi | cation) |
| Fan Gumban in Commention | | • | cauony |
| | concerning this matter, please of | | |
| Steve Griffin | | 727 9538889 at () | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & 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

| Silver King Yachts LLC | | | |
|---|---|--|---------------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Lia | y as it now appears (ability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company vi Florida document numberL18000011838 | vere filed on | 01/12/2018 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company her | <u>e</u> : | : |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the des | ignation "LLC" or the abbi | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: | | our records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent: | | FAL | 201 |
| New Registered Office Address: | Enter Florid | la street address | R 3 |
| · · · · · · · · · · · · · · · · · · · | City | Florida FLOR | Zip-Gode |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of n rovided for in Ch | ny duties, and I am fa napter 605, F.S. Or, i | miliar with and f this document is |

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> | Name | Address | Type of Action |
|--------------|---------------------------------------|-------------------------|----------------|
| SD | GRIFFIN Tax | 971 Virginia Ave, STE E | |
| | | Palm Harbor, FL 34683 | ■ Remove |
| | | · | Change |
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Filing Fee: \$25.00