

**LIB000079007**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : Vcorp SERVICES, LLC  
Account Number : 126089000057  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: statenotices@vcorpservices.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DAY BOAT FLEET, LLC**

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D SCOTT

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May 29, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DAY BOAT FLEET, LLC  
1335 OLD DIXIE HWY. #16  
LAKE PARK, FL 33403

SUBJECT: DAY BOAT FLEET, LLC  
REF: L18000079007

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: B19000170817  
Letter Number: 819A00010717

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAY BOAT FLEET, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/29/2018 and assigned  
Florida document number LS600079007.

This amendment is submitted to amend the following:

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

Day Boat Marine Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "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)

28 N. Causeway

Fort Pierce, FL 34946

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Vcorp Services, LLC

New Registered Office Address:

5011 South State Road 7, Suite 100

Enter Florida street address

Davie

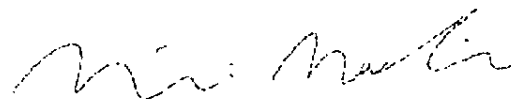
Florida 33314

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.*



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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pier S Bjorklund	28 N Causeway	<input checked="" type="checkbox"/> Add
		Fort Pierce, Florida 34946	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 28, 2019

TIB, 2

Signature of a member or authorized representative of a member

Pier S. Bjorklund

Typed or printed name of signer: \_\_\_\_\_