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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067 Phone : (945) 425-0077 : (845)818-3588 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAY BOAT MARINE SERVICES LLC Certificate of Status Certified Copy 04 Page Count \$25.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Religivian a

2007 (2007)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Day Boat Marine Services LLC	2819 OCI 23 50 3 50
(Name of the United Liability Compa (A Florida Limited	usy as it now appears on our records.)
(A Florida Limited The Articles of Organization for this Limited Liability Company	ENTERNA PROPERTY AND A STATE OF THE PROPERTY AND A STATE O
he Articles of Organization for this Limited Liability Company	were filed on 03/29/2018 COMPACULE I and assigned
Torida document number 1,18000079007	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
he new name must be distinguishable and contain the words "Limited Liabi	thry Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2292 N US Hwy 1
Principal office address MUST BE A STREET ADDRESS)	Fort Pierce, FL 34946
Enter new mailing address, if applicable:	2292 N US Hwy I
Mailing address MAY BE A POST OFFICE BOX)	Fort Pierce, FL 34946
	office address on our records, enter the name of the r
egistered agent and/or the new registered office address her	<u>.c</u> :
Name of New Registered Agent:	
New Registered Office Address:	,
New Registered Office Address:	Enter Florida sweet address
New Registered Office Address:	Enter Florida street address

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BUBIS, HOWARD M	133\$ OLD DIXIE HWY #16	
		LAKE PARK, FL 33403	≅ Remove
			Change
MGR	BJORKLUND, PIER S	2292 N US Hwy 1	
		Fort Pierce, F1, 34946	_
			☐ Remove
			[] Change
			□ Remove
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			☐ Remove
			☐ Change
			D Add
			☐ Remove
			□ Change

		40.
Note: If the date i	other than the date of filing: Insted, the date must be specific and carnot be prior to date of fil Inserted in this block does not meet the applicable statute ve date on the Department of State's records	(optional) ling or more than 90 days after filing.) Pursuant to 605 9207 ary filing requirements, this date will not be listed as
he record speci The 90th day	fies a delayed effective date, but not an efferance after the record is filed.	ctive time, at 12:01 a.m. on the earlier o
Dated	October 23 2020	
-AT	la C	
	Signature of a member or authorized repre-	sentative of a member
	•	

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Filing Fee: \$25.00