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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : T20080000067 Phone : (845) 425-0977

: (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.

Email Address:_statenotices@vcorpservices.com

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

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May 29, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

SUBJECT: DAY BOAT HOLDINGS, LLC

REF: L18000079012

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. #: E19000170821 Letter Number: 419A00010718

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Day Boar Holdings, LLC			
(Name of the Limi	(A Florida Liniic	ipany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited L	iability Compa	ny were filed on 63/29/2018	and assigned
Florida document number 1.18090079012			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	·
Day Boat Fleet Assets LLC			*** ********
The new name must be distinguishable and contain the	words "Limited Li	ability Company the designation "Ll	LC" or the abbreviation "L.L.C"
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		28 N. Causeway	VH 5/10
(Mailing address MAY BE A POST OFFICE BOX)		Fort Pierce, FL 34946	N
[mmm] and comments		<u> </u>	
			アンロ 町 こうい
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered	office address on our reco	rds, enter the name of the no
registered agent and/or the new registered o	<u> </u>	<u></u> .	9
Name of New Registered Agent:	Veorp Servi		
New Registered Office Address:	5011 South	State Road 7, Suite 106	
The state of the s		Enter Florida street ada	hres
	Davie		Florida 33314
		Cov	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 affice address. Thereby 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>	Name	Address	Type of Action
MGR	Pier S. Bjorklund	28 N. Cansesvay	────────────────────────────────────
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			☐ Change
			□ Add
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Dated									

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