Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 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. **

 Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIG DAY BOAT FLEET ASSETS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Day Boat Fleet Assets LLC	2819, 601 2-352	
(Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our records.)* Linbility Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000079012		assigned -
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	on "L L.C."
Enter new principal offices address, if applicable:	2292 N US Hwy I	
(Principal office address MUST BE A STREET ADDRESS)	Fort Pierce, Ft. 34946	
Enter new mailing address, if applicable:	2292 N US Hwy 1	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Pierce, FL 34946	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the nate: Enter Florida street address	ame of the nev
		Code
	Çny Eq.	s, to a

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

Title	Name	Address	Type of Action
MGR	SUSTAINABLE ISHERIES GROUP INC	133\$ OLD DIXIE HWY #16	D Add
		LAKE PARK, FL 33403	□ Remove
MGR	BJORKLUND, PIER S	2792 N US Hwy I	
		Fort Pierce, FL 34946	
			■ Change
			☐ Remove
			☐ Change
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			Change

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