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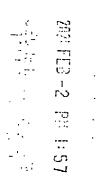
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COVER LETTER

TO: Registration S Division of Co	
SUBJECT:	Highground Boatworks, LLC
	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Martin Currie Name of Person
	Highground Boatworks 3 Highground Boatworks 3 Firm/Company 5 Address
	3290 SE Gran Park Way
	Stuart FL 34997.
	Valerie high ground boatworks, com E-mail address: (to be used for further annual report notification)
For further information of	concerning this matter, please call:
Name of	of Person at (772) 224-6516 Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Ground Boat Works, 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 C	and assigned			
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	nd Boatwork	s, LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	3 3		
		-5. TI -1. ITI		
		12		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u>cn</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	iter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street aa	Enter Florida street address		
		, Florida		
	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 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>	Address	Type of Action
AMBR	Valerie Currie	3290 SE Gran	- DAdd
		Park Way	□Remove
		3290 SE Gran Park Way Stuart, FL 34997.	□ Change
			□Add
			□Remove
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of fill the date inserted in this block does not meet the applicable statute ent's effective date on the Department of State's records.	iling or more than 9 ory filing require	(optional 0 days after filing ments, this dat) g.) Pursua e will no	ant to 605. of be liste
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	01 a.m. on the ca	rlier of: (b) T	he 90th	day after
1				
JANUARY 29th 2024.				
· ACC	,			
Signature of a member of authorized repre-		<u></u>		

Filing Fee: \$25.00