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COVER LETTER

Division of Cor			
SUBJECT: E	Son's Premier Name of Lim	Marine Serv	ices, L.L.C.
	Amendment and fee(s) are sub	<u>-</u>	
	Scott	Ellison Name of Person	Services, LLC
	6455 Fost	ter Street Address	·
	Jupiter, 1 Scottellison 54 E-mail address: (City/State and Zip Code City/State and Zip Code C Gmail. com to be used for future annual report no	tilication)
For further information co	oncerning this matter, please co		·
Scott Elli Name of	SDM Person	at (<u>561</u>) <u>570</u> Area Code Dayti	0 – 980 7 me Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ellisons Premier Mai	rine Services, LLC.
Ellisons Premier Man (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records./ iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\8000122548</u> .	were filed on $\frac{5/16/2018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	• • •
Enter new principal offices address, if applicable:	1508 Cypress Drive, Bayi#4 Jupiter, FL 33469
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33909
Enter new mailing address, if applicable:	1508 Cypress Drive, Bay #4 Jupiter, FL 33469
(Mailing address MAY BE A POST OFFICE BOX)	Jupiter, FL 33469
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: SCOTT	Ellison
New Registered Office Address: 1508	Cypress Drive, Bay#4 Enter Florida street address!
Jupin	Florida 33469 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.

Je Changing Registered Agent, Signature of New Registered Agent

11 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 = Au	thorized Member			
<u>Title</u>	Name		Address	Type of Action
MGR	Scott Ellison	/	6455 Foster. St, Typiter	FL, 33458
				☐ Remove
MGR	Cory Ellison	✓	120 Wettaw Lane N.; Apt. # 115	Change Bch, FL 33 408 Add) Remove
MGR	Amy Ellison	√	*6455 Foster St, Jupiter 6455 Foster St, Jupit	Change Ch
				🗆 Change
				Add
				□ Change
				□ Remove
				🗆 Change
				□ Add
				C Remove
				☐ Change

Notes to Clarify: I nee	d to remove	Amy E
from the company & I	need to add willison as M	nvself.
Scott Ellison & Cory E	Ellison as M	6 R.
		
		
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effective date, if other than the date of filing:	ite of filing or more than 90 days afte	
:: If the date inserted in this block does not meet the applicable iment's effective date on the Department of State's records.	statutory thing requirements, th	as date will not be in
and the second s	ffhim time of 17.01	
ecord specifies a delayed effective date, but not ar ne 90th day after the record is filed.	i errective time, at 12:01	a.m. on the ear
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d 10/31/18 2018.		
rignature of a member or authorized	January of a management	

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Filing Fee: \$25.00