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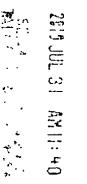
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RICKS Boat and Glass WOrks
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Fenwick Name of Person
RICKS Boat and Glass Works Firm/Company
750 W EIKCOM CIr. Unit 311 Address
MACCO Island FL 34145 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Fenwick Name of Person at () 239-315-1550 Area Code Daytime Telephone Number
Enclosed is a check for the 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)

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

RICKS Boot and Glass 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 Company	were filed on $0 - 4010$ and	l assigned
Florida document number <u>L 18000205559</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Southern Outlaw Fiber The new name must be distinguishable and contain the words "Limited Liabi	cglass LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	750 W. Elkcom Cir. 4	Init 311
(Principal office address MUST BE A STREET ADDRESS)		
	MARCO ISland FL 3	4144
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	same.	່ເລ
	ų ·	
B. If amending the registered agent and/or registered of	office address on our records, enter the na	me å£the r
registered agent and/or the new registered office address her		0
N. CNI D. Carrell A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	, Florida	ode .
New Registered Agent's Signature, if changing Registered Agent	:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as		
accept the confinencial of my promition an income a agent ac	p 2 9 0 9 0 9 0 9 0	

If Changing Registered Agent, Signature of New Registered Agent

- 10-78-7A18

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			Change
	,		
			Remove
			☐ Change
			□ Remove
			Change
			□ Add
			Remove
			Change
****			Add
			☐ Remove
			☐ Change

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Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	07-29 2019
	2019. Ruhard A Fenulak Signature of a member or authorized representative of a member Richard A Fenulak Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00