# 1190000 24361

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Phils Jetski and Maline Repair Lec 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:
Phil Pollard Name of Person
Phils Jetski and marine rePair LLC Firm/Company
1344 Ne Jensen Beach Blad Address
Jensen Bench FL 34957  City/State and Zip Code  Phil Pollard 75 @ Longil. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ph.1 Polland at (712) 633. 4072  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$

#### 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** ال يا التعديم

Phils Jetski and	Company as it now appear on the Brite 5 ds BH 2: 29 imited Liability Company)
(A Florida L	imited Liability Company)  SEPAR OF THE STATE
The Articles of Organization for this Limited Liability Cor	npany were filed on 18-2.35-5.41 and assigned
Florida document number <u>L190066, 24361</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> <u>ss here</u> :
Name of New Registered Agent:	2.1 Pollard
New Registered Office Address: 13 4	14 Ne Jensen Benen Blud Enter Florida street address
Je.	Asen Beach Florida 34957  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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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		
ANIDD -	Authorized Mamber		

<u>Title</u>	<u>Name</u>	Address	Type of Action
16R	Phil Pollard	2502 Se Burton St PSL. FL 34952	Add
		PSL. FL 34952	□ Remove
			Change
			Add
			Remove
			Change
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ian effi No <u>te:</u>	ve date, if other than the date of filing:
	ord 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.
ated .	2-11 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00