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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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S TALLENT MAY 2 3 2019





COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	AUTI DOG Name of Lim	S BOATWO!	RKS_UC
	Amendment and fee(s) are sub ondence concerning this matter		etypical address 85968 OUERSEAS Islamorada FL
	RENTE	M BENNE Name of Person	
	NAUTIE	SOGS BOAT (Firm/Company	NORKS LLC
	PO. Bo	1268 Address	
	Venee E-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	FL 33036 Dyutlook Co
Kenee	concerning this matter, please ca	Har (110, 52	© 8.193 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	INC ADDRESS		LD 4 DDDDGG

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

(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 Compar		2019 and assigned
Florida document number 190069333	is were filled on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2019 HA SECONO TARE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		// P (1
B. If amending the registered agent and/or registered	office address on our rec	
registered agent and/or the new registered office address h	ere:	20 ATE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	Idress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my dutie: s provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
If Cl	nanging Registered Agent, Signat	ture 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

<u>Title</u>	<u>Name</u>		ddress		Type of Action
m GK	2 Reneem	1 Bennett	85968	OVERSEAST	W Add
maili	2 Renee M 0. Box 12to Jamovada	G, -	ISLAMOR	PADA, FL	□ Remove
\4	slamovada	, FL 3303b -		55056	Change
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). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
(If an effect <u>Note:</u> If	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	May 6 2019
	Signature of a member or authorized representative of a member
	Renee M Bennott

Page 3 of 3

Filing Fee: \$25.00