Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000513053)))



H240000513053ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OF STATE STATE CORRECT OR M/MG RESIGN OF STATE CORRECT OR M/MG RESIGN OF STATE STATE CORRECT OR M/MG RESIGN OF STATE STATE

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	OF '	
, <b>1</b>		<b>5</b> *
FWW. LLC	``	
(Name of the Limited Liability	v Company as it now appears on our records.) Limited Liability Company)	
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on06/21/2019	and assigned
Florida document number L19000156292		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
MarineMax Superyachts, LLC		<b>20</b> :
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or t	the abbreviation [L.L.C."
Enter new principal offices address, if applicable:		<del>2</del>
(Principal office address MUST BE A STREET ADDRE	<u>ESS)</u>	5 -
		유유 프 금
	-	11 S =
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	***************************************	
P. If a mondian the project and a sent and (an excitation)	office address on our resords onto the	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, emer the	name of the new registered
agent and of the new registered office agents a feet.		
Name of New Registered Agent:		
New Benistered Office Address.		
New Registered Office Address:	Enter Florida street address	
		a
	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>	Name	Address	Type of Action
			□Add
			□Remove
			⊕Change
		<del>.</del>	□Add
			□ Remove
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d is filed.	: (b) The 90th day after th
Dated February 6 2024	
Signature of a metaber or authorized representative of a member	
Signature of a member or authorized representative of a member	

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