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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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2019 SEP 12 PM 2:39

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COVER LETTER

Certified SUBJECT:	Outboards LLC					
<u></u>	Name of Lim	ited Liability Company				
The enclosed Articles (of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Zachary Lawrence					
		Name of Person				
	Certified Outboards LLC					
	Firm/Company					
	4611 N Federal Hwy, Suite	e 132				
		Address				
	Pompano Beach, FL 3306-	1				
	Zławrence@certifiedoutboa					
		to be used for future annual report notifi	ication)			
For further information	concerning this matter, please of	all;				
Zachary Lawrence		954 899-9507 at ()				
Name	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for	the 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

TO:

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 ARTICLES OF ORGANIZATION **OF**

Certified Outboards LLC

2019 STO 12 PM 2: 39

(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 August 27, 2019	and assigned
Florida document number L19000218759		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS)		.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florid	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 Changing Registered Agent, Signature of New Registered Agent

1 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>	Address	Type of Action	
MGR Hunter Craig		541 SE 14th Street Pompano Beach, FL 33060	 ∃ Add	
			☐ Remove	
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(If an effecti Note: If	e date, if other the date is listed, the the date inserted it's effective date of	date must be speci n this block does	fic and cannot be not meet the	applicable	te of filing or m statutory filin	ore than 90 da	(optional) ys after filing.) I ts, this date w	Pursuant to 605.02 ill not be listed	207 (3) as the
the recor) The 9	rd specifies a c Oth day after t	lelayed effect he record is f	ive date, b īled.	ut not an	effective t	ime, at 12	:01 a.m. o	n the earlier	of:
Dated	eptember 9		2019	·					
	347	Aur Signature	e of a member of	or authorized	representative	of a member	<u>-</u>		
					1				
	Zachary Lawren								

Page 3 of 3

Filing Fee: \$25.00