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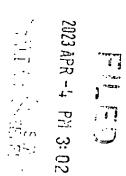
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Y. SCOTT MAY 2 0 2023

COVER LETTER

TO:

TO: Registration Se Division of Cor		•		
Silver King	Boatworks LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Athena Russin			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Silver King Boatworks LL	С		[] 2023 APR
		Firm/Company		PR T
	840 Searcy Avenue		:: ;* :	± 1.124
	·	Address	Pico	PR J
	Sarasota, FL 34237		7-3-51	PN 3: 02
		City/State and Zip Code		. •
	athenarussin@gmail.com E-mail address: (to be used for future annual report notifica	ation)	
For further information of	concerning this matter, please c			
Athena Russin		941 915-0177		
Name o	f Person	at () Area Code Daytime T	elephone Number	
Tanlandia a abaala fana	ha Callaurina amanust			
Enclosed is a check for t	_	CSS AA Eiling Eap &	☐ \$60.00 Filing Fee	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy (additional copy is er	atus &
Mailing Addre	<u>ss:</u>	Street Address:		
Registration		Registration Secti Division of Corpo		
Division of C P.O. Box 632	•	The Centre of Tal		
Tallahassee.	FL 32314	2415 N. Monroe S		
		Tallahassee, FL 3	23U3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recordiability Company)	<u>is.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on 10/24/2019		_ and assigned
Florida document number L19000266946			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
King Boatworks LLC			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	or the abbre	
Enter new principal offices address, if applicable:		.	2023
Principal office address MUST BE A STREET ADDRESS)		17.	Po "T
		· : `	40 3
			PR 17
Inter new mailing address, if applicable:		iden Tak	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			0
B. If amending the registered agent and/or registered office accepted and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name o	of the new reg
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street addres		
	, Fl	orida	Zip Code
	Cui		END COME

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

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
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ffective date, if other than th an effective date is listed, the date mi	ist be specific and c	annot be pri	or to date of	filing or mor	e than 90 day	s after filing	;.) Pursu:	ant to 605.02
<u>lote:</u> If the date inserted in this bocument's effective date on the I				utory filing	requiremen	is, this date	e will no	ot be listed
record specifies a delayed effecti l is filed.	ve date, but not a	n effective	time, at 12	2:01 a.m. or	the earlier	of: (b) T	he 90th	day after th
March 29	·	2023	·					
	An							
					f a member			

Typed or printed name of signee