## L20000334230

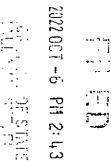
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A. BUTLER

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## **COVER LETTER**

	Registration So Division of Co						
SUBJEC		larine of Central Florida, LLC					
SUBJECT:  Name of Limited Liability Company							
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		Melanie Labon					
			Name of Person	<del></del>			
		Ultimate Marine of Centra	d Florida, LLC				
	Firm/Company						
		3419 Wd Judge Dr. Suite	150				
			Address				
		Orlando, FL 32808					
			City/State and Zip Code	<del></del>			
		melanielabon@ultimatemai					
For furthe	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	ication)			
Melanie I	Labon		407 849-1100 at ()				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:					
□ \$25.0	0 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 P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ultimate Marine of Central Florida, LLC

2022 OCT -6 PM 2: 44

(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  $\frac{10/21/2020}{10}$ Florida document number | L20000334230 | |. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ Cin

## 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>	<u>Name</u>	Address	Type of Action
MGR	Melanie Labon	3419 WD JUDGE DR	<b>≣</b> Add
		SUITE 150	
		ORLANDO, FL 32808	□Change
MGR	Kimberly B Russo	3419 WD JUDGE DR	-
		SUITE 150	
		ORLANDO, FL 32808	
MGR	Joseph F Russo	3419 WD JUDGE DR	
	-	SUITE 150	_
		ORLANDO, FL 32808	
MGR	Joseph M Labon	3419 WD JUDGE DR	
		SUITE 150	
		ORLANDO, FL 32808	☐ Change
			□Add
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Effective d	ate, if other tha	in the date of fi	iling:		(optio	nal) Hing.) Pursuant to 605,0207
	e date inserted in i	mis block does n	iot meet the applic	able statutory filing	e than 90 days after fi requirements, this i	iling.) Pursuant to 605,0207 date will not be listed as
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