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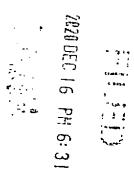
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## COVER LETTER

			,
SUBJECT:	Southern Craf-	tsman märine	LLC +
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	CRYSTA		
Division of Corporations			
	<del></del>	Firm/Company	
	12626 Hi	Address	<del></del>
	closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  CPYSTAL LUCAS  Name of Person  Firm/Company  12626 HUY 66  Address  AShlound OR 97520  City/State and Zip Code  Souther ncroftsman marine @ Gmail com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  RYSTAL LUCAS  Name of Person  at (541) 200-5069  Name of Person  Area Code Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee Souther ncroft Status Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailling Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations		
		•	
For further information			,
	<del></del>	at (541) 200-	5009
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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_		<del>-</del>	
	•		=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern C	rattomoun marin	ne 11c
(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)
(*)	Trond builted blabinty company)	
The Articles of Organization for this Limited Liab	oility Company were filed on	10/27/20 20: and assigned
Florida document number L20000 =	340882	on home
i fortai document number	2.0002	D many
This amendment is submitted to amend the follow	zing:	
		- va
A. If amending name, enter the new name of t	he limited liability company h	ere:
		;
The service was the dissipational balls and associate was	J. W. C. L. A. T. L. W. C	de la companya de la
the new name must be distinguishable and contain the wor	us Elimited Liability Company, the	designation LLC of the aboreviation L.L.C.
Enter new principal offices address, if applicat	ole:	
• • • • • • • • • • • • • • • • • • • •		
(Principal office address MUST BE A STREET	ment is submitted to amend the following:  ling name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  principal offices address, if applicable:  [fice address MUST BE A STREET ADDRESS]  mailing address, if applicable:    Iress MAY BE A POST OFFICE BOX     ing the registered agent and/or registered office address on our records, enter the name of the new registered the new registered office address here:    the new registered Agent:   the table   the new registered   the new regi	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	<del></del>	
B. If amending the registered agent and/or reg	istered office address on our r	ecords, <u>enter the name of the new registered</u>
agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:	takan Lulch	5
Nume of New Registered Agent.	4466	
New Registered Office Address:		
	Enter Flo	rida street address
		, Florida
	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
Ambr	JASON LUCAS	PO BOX 147	
		Port Salerno FL 34	992 □Remove
			□Change
			🗀 Add
			□ Remove
			□Change
			□Add
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fan effed <u>Note:</u> Ii	e date, if other than the date of filing: 12/09/200 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	
	Signature of a member or authorized representative of a member

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