420000344508

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(Address)						
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COVER LETTER

TO: Reg Divi	istration Sect ision of Corpo	ion orations				
SUBJECT:	JETSKIBOA					
SUDJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		LUC FORTIN				
			Name of Person			
		JETSKIBOAT LLC				
			Firm/Company			
		7815 SW ELLIPSE WAY	El		·1 03	
	Address				95C	
		STUART. FL 34997			2022 JUN 2 SECRETA! TALLAHAS	
		LUC59@GMAIL.COM	City/State and Zip Code		7 SE	[[]
			to be used for future annual report notific	ration)	AM 9: EFFLOR	<u> </u>
For further in	formation con	cerning this matter, please ca	મી:): 28 TATE DRID!	
LUC FORTI			772 284-7068 at ()			
	Name of P	erson	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JETSKIBOAT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L20000344508 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: L & M DISTRIBUTORS LLC The new name must be distinguishable and contain the words "Limited Liability 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) SAME 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

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.

New Registered Agent's Signature, if changing 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>	<u>Address</u>	Type of Action
MGR	MIKE ADAMS	18794 FOUNDERS DR	■Add
		FAIRHOPE, AL 36532	□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			IACLAHASSEE BRemove
			7 Aremove 1
			□ Add
			□Remove
			□ Change
			□Add
			□ D

Typed or printed name of signee