LZ0000366262

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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
	Outboard	•	
SUBJECT:	Name of Lin	sted Liability Company	
77		ta ne en	
The enclosed Afficies of	Amendment and feets) are suc	imitted for thing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Trevor Luiz		
		Name of Person	
	Name of Person Advanced Ontboard Firm/Company 3945 Tollhouse Dr unit 915 Address Naples FL34114 City/State and Zip Code Trever_acservice@yahas.com E-mail address (to be used for future annual report notification) formation concerning this matter, please call: at (
		Firm/Company	
	3945 Tollhouse Dr unit 91	5	
		Address	
	Naples Fl 34114		
			·
	Nevor_aosevice ê E-mail address.	Vahos Com to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Trevor Lutz		239 384-9637	
Name o	d Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration :			ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, l			Tallahassee be Street, Suite 810
rananassee, i	ロルフェスキサ	2⇒17, 18, MIGHIC	ic aucer, anne oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Outboard		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited i	my as it now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on 11/19/20-)0	and assigned
Florida document number 20000366262		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
American Marine Group LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3945 Tollhouse Dr unit 915 Nap	oles († 34114
(Principal office address MUST BE A STREET ADDRESS)		ST 023
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office:	address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Fior	rida
	, Flor	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

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 = A	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			ClAdd
			□Remove
			☐ Change
			□Add
			□Remove
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			©Remove
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	1/1/2023
Note:	ive date, if other than the date of filing: [1/1/2023] [cetive 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	Source and record is filed.
The	
The	12/20/2022
The	12/20/2022
The	

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