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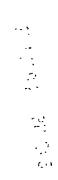
(Requestor's Name)	
(Address)	
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COVER LETTER

	tion Section of Corporations				
	rum Resources, LLC.				
SUBJECT:	Name of	Limited Liability Company			
The enclosed Artic	des of Amendment and fee(s) are	submitted for filing.			
-	orrespondence concerning this ma-	-			
	Gary Patterson				
		Name of Person			
	Quorum Resources, LI	.C.	·		
		Firm/Company			
	13799 Park Blvd N. #1	76			
		Address			
	Seminole FL 33776				
		City/State and Zip Code			
gary.patterson@quorumresources.com					
For further informs	E-mail addres ation concerning this matter, pleas	ss: (to be used for future annual report not	iffication)		
Gary Patterson	-	630 2404052			
	1 20	31 (
,	Vame of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check	x for the following amount:				
■ \$25.00 Filing t	Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
Mailing A		Street Address:			
	tion Section of Corporations	Registration Se Division of Co			
P.O. Bo:	x 6327	The Centre of '	Fallahassee		
Tallahas	see, FL 32314	2415 N. Monro	pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Compa Florida Limited I	ny as it now appears on our records liability Company)	<u>.</u>)	
The Articles of Organization for this Limited Liabi Florida document number 1.21000077092	lity Company	were filed on 2/15/2021	and assigned	
This amendment is submitted to amend the followi	ոք։			
A. If amending name, enter the new name of th	e limited liab	ility company here:		
Salty Boat Rental, LLC.				
The new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	le:	7901 4th St N		
(Principal office address MUST BE A STREET ADDRESS)		STE 300		
The spin of the sp		St. Petersburg , FL 33702		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13799 Park Blvd N. #176		
		Seminole FL 33776		
B. If amending the registered agent and/or registered affice address h			the name of the new regi	
Name of New Registered Agent:		_		
New Registered Office Address:	7901 4th St N Enter Florida street addre		· · · · · · · · · · · · · · · · · · ·	
	C. D			
-	St Petersburg	, Flo	orida = 33702 Zip Code	
		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 Changibe 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
			Remove
			/ □Change
			□Remove
			□ Change
			□Remove
			
		/	□Add
			□Remove
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E. Effective date, if other that (If an effective date is listed, the date inserted in t document's effective date on	te must be specific an his block does not	nd cannot be prior	able statutory filing	(option te than 90 days after the requirements, this	111)207 (3)(b d as the
If the record specifies a delayed ef record is filed.	fective date, but no	t an effective (i	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
Dated August 18	,	2021				
		·	_·			

Filing Fee: \$25.00

Typed or printed name of signee