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2021 OCT 25 PM 6: 32 SECRETARY OF THE PROPERTY OF THE PROPERTY

COVER LETTER

	tegistration Sec Division of Corp					
CHD IEC	Tugboat LLC					
SUBJECT	l:	Name of Lin	ited Liability Company	•		
The enclos	· seḍ Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retu	ım all correspon	dence concerning this matter	to the following:			
		Chancellor Shaw				
		Name of Person				
		Tugboat LLC				
		Firm/Company				
		2911 Malcolm Drive				
	'		Address			
		Deltona, FL 32738				
			City/State and Zip Code			
		cjshaw98@gmail.com				
		E-mail address: (to be used for future annual report no	tification)		
For further	r information co	ncerning this matter, please c	all:			
Chancellor Shaw		407 462.5094				
Name of Person			Area Code Daytii	me Telephone Number		
Enclosed i	s a check for the	following amount:				
■ \$25.00	O 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)		
R D P	Iniling Address: Legistration Se Division of Co .O. Box 6327 allahassee, Fl	ection rporations	Street Address: Registration Solvision of Co The Centre of 2415 N. Monra Tallahassee, F	orporations Tallahassee oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 25 PM 6: 32

Tuboat LLC (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 4-21-2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tugboat LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1321 Classic Drive Enter new principal offices address, if applicable: Longwood FL 32779 (Principal office address MUST BE A STREET ADDRESS) 1321 Classic Drive Enter new mailing address, if applicable: Longwood FL 32779 (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: 1321 Classic Drive New Registered Office Address: Enter Florida street address , Florida 32779
Zip Code Longwood Cirv

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
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			□Change
 -			🗆 Add
			□Remove
, İ			□Change
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	be specific and cannot be prior t	able statutory filing require	(optional) 0 days after filing.) Pursuant to 605 ments, this date will not be list	5.0207 ed as
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an effective date is listed, the date must be offer. If the date inserted in this block occument's effective date on the Deprecord specifies a delayed effective is filed. October 20	date, but not an effective tir			r the