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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





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8/27/21

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Fost Pierce Ryand Boat Storage LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fort Pierce RVand Boat Storage LCC Firm/Company  Address  Bradenton, FL 34210
City/State and Zip Code  CCG (ant 2017 D GMail, C) M  E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Name of Person at (713) 899-0208  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$ \$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fort Pierce	RVai	ud Bo	at 5#31/2	UG 18 P1/12:55
( <u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appea ability Company)	70501	EJARY OF STATE LAHASSEE, FI
The Articles of Organization for this Limited Liab	ility Company v	were filed on _	7 <u>  30   60</u>	and assigned
Florida document number <u>LQ100344</u>	<u>75 70</u>		1	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ie limited liabil	lity company h	ere:	
The new name must be distinguishable and contain the word	Is "Limited Liabilit	ty Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			(*2-14-
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	DX'ı	,		<del></del>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>717</u>		<del></del>	
B. If amending the registered agent and/or regingent and/or the new registered office address because the new registered office address because the new registered office address because the new registered of the new regi		ddress on our i	records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flo	rida street address	
-	<del></del>		, Florid	
		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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sharn Grant	6720 Rutgers Houston Tx 77005	SAdd
		Houstonitx 77005	□Remove
			□Change
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an efi ote:	ive date, if other than the date of filing: \( \sum_{1/2} \) \( \frac{1}{2} \) \( \f
recor is fi	d 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 led.
ated	8/16/2021 Chi Frat
	Signature of a member or authorized representative of a member
	$\alpha \sim 1$