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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018

Phone Fax Number : (305)222-2289 : (305)221-3810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MINE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BLUE LABEL BOAT LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
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COVER LETTER

| TO: Registration Se Division of Cur | ction porations | | |
|----------------------------------------|-------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------|
| | BEL BOAT LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | ondence concerning this matter | to the following: | |
| | BLANCA L LACAYO | | |
| | | Name of Person | |
| | HADAS ACCOUNTING | & TAX SERVICES | |
| | | Firm/Company | |
| | 210 SW 107TH AVE | | |
| | | Address | |
| | MIAMI, FL 33174 | | |
| | | City/State and Zip Code | |
| | hadastaxeserices@gmail.co | in to be used for future annual report notification) | |
| For further information of | concerning this matter, please o | | |
| BLANCA L LACAYO | | 305 222-2289 | |
| Name of Person | | at () Area Code Daytime Telephone N | umber |
| | | | |
| Enclosed is a check for t | | | |
| ■ \$25.00 Filing Fec | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Ce (additional copy is enclosed) Cei | .00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed) |
| | | | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Section | |
| Division of C P.O. Box 632 | - | Division of Corporations The Centre of Tallahassee | |
| Taliahassee, | | 2415 N. Monroe Street, St Tallahassee, FL 32303 | nite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BLUE LABEL BOAT LLC | | |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our recited Liability Company) | (<u>oras.</u>) |
| The Articles of Organization for this Limited Liability Comp | | and assigned |
| 1.71000356663 | • | |
| Florida document number L21000356663 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and contain the words "Limited I | 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 | <u> </u> | ~ (A): 2821 |
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| 15. 1.1 | | 第二 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | 7 7 7 |
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| | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, <u>er</u> | iter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stroet a | ddress |
| | | , Florida |
| | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being | added |
|----------------------------------------------------------------------------------------------------------------|-------|
| If amending Authorized Person(s) authorized to madage, garet incorpus assets | |
| or removed from our records; | |

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|---------------------------------------|---------------------------------------|----------------|
| MGR | ISAAC TALMACIU | 1634 DIPLOMAT DRIVE MIAMI FL 33179 | (a) Add |
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| Meetive date, if other than the an effective date is listed, the date m | et be specific and | cannot be prior | to date of filing o | more than 90 days at | ter filing.) Pursuar | it to 605.020 the listed: |
| an effective case is inted, the date in lote: If the date inserted in this b ocument's effective date on the l | HOCK COCS: DOLL | meet the applic | FOIC 2020 CONTRACT & 11 | ning requirements, t | nis date with not | OF HOME |
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| ated August 16 | | 2021 | <u></u> . | | . | P |
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| (<u>&</u> ') | THE WAR | brember or suth | nrived representat | ive of a member | ساني مالي | C. |