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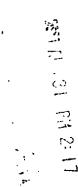
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: T.C. Prestige Boat Works, 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:
Abigail Chavez Name of Person
Firm/Company
14854 SW Saninde Dr Address
Indiantam FL 34956 City/State and Zip Code
abbychavez 7910 amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Abigail Chavez  at (772)  Name of Person  at (772)  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & 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

T. C. Prestige Boat Works (Name of the Limited Liability Company &	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 21 0003641.05</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Liabil	Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del>-</del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>د،</u>
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B. If amending the registered agent and/or registered office add	ress on our records, enter the name of the new registered
agent and/or the new registered office address here:	,
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Vin 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>	<u>Address</u>	Type of Action
MGR	Abigail Charez	14854 SW Seminole Or Indiantown FL, 34956	DAAdd
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing.	ne or more than 90 days after filing.) Pursuant to 605.
e: If the date inserted in this block does not meet the applicable statutor ament's effective date on the Department of State's records.	
ment's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 filed.	1 a.m. on the earlier of: (b) The 90th day after
Dagoberto Garage represe	
Dagoberto Garcia	