L22000190745

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COVER LETTER

TO:	Registration Sec Division of Cor			
SUBJ	ECT:	NNOVATIVE BOAT	WORKS LLC ited Liability Company	
		Amendment and fee(s) are sub		
Picase	return all correspo	ndence concerning this matter	to the following:	
		OMAR MAR	Name of Person	
			Firm/Company	
		2150 NW	27TH ST	
			Address	<u> </u>
		DAKLAND PARI	City/State and Zip Code	
		INNOVATIVE BOAT E-mail address: (WORKS Q C MAIL, COM to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca		
ОМ	AR MARCH		at () 754 Area Code Daytime	- 246 - 4924 Telephone Number
Enclos	sed is a check for th	e following amount:		
	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	.	Street Address	

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

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INNO VATNE BOAT WORK (Name of the Limited Liability Compa (A Florida Limited I	SELICE TAR . U. STATE TALLAHASSEE, FL. TALLAHASSEE, FL.
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $03/28/2022$ and assigned
Florida document number <u>L22000150745</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2150 NW 27TH STREET
(Principal office address MUST BE A STREET ADDRESS)	OAKLAND PARK, FL
	33311
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/or the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	
New Negistered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Add
			Remove
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Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605.0207
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of	n the earlier of: (b) The 90th day after the
rd is filed	
Dated 22nd Of JULY 2022	
Dated 22nd OF JULY 2022	
10/11 / /	of a member

Filing Fee: \$25.00