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COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	Cannonball	FL LLC				
	Name of Limited Liability Company					
The enclosed	d Articles of A	Name of Limited Liability Company mendment and fee(s) are submitted for filing. lence concerning this matter to the following: Matthew C. Hudson Name of Person Cannonball FL LLC Firm/Company 405 Ocean Ave Address New Smyrna Beach, Florida 32169 City/State and Zip Code Matthew@flatwaterCustoms.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (
Please return	ı all correspor	ndence concerning this matter	to the following:			
		Matthew C. Hudson				
			Name of Person			
		Cannonball FL LLC				
			Firm/Company			
		405 Ocean Ave			2	<u>C</u>
			Address		153 (Y SI
		New Smyrna Beach, Florid	la 32169		OCT	
			City/State and Zip Code		-1	C38
					2	-434 -510
For further i	nformation co			ion)	13:1	
Matthew C.		meeting in matter, prease ea	407 927-0978		0	7;
	Name of	Person	Area Code Daytime Te	lephone Number		
Enclosed is	a check for th	e following amount:				
□ \$25.00 I	Filing Fee					

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cannonball FL, 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 2/6/2023 and assigned Florida document number 1.23000067285 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Flatwater Customs, LLC The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address , Florida

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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
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			□Change
			
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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more:	ive date, if other than the date of filing:	97 (3)(b) s the
If the recor	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.	2
Dated	Signature of a member or attithorized representative of a member	
	Signature of a member or aditiorized representative of a member	
	Matthew C. Hudson	
	Typed or printed name of signee	

Filing Fee: \$25.00