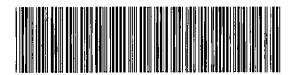
L23000113314

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COVER LETTER

Division of Co		, p	·
Resurrection	on Boat Work, LLC		
30b3CC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ehren Humes		
		Name of Person	·
	Ressurection Boatworks, L	LC	
		Firm/Company	
	425 9th Street, Apt 1		
	· · · · · · · · · · · · · · · · · · ·	Address	· · · · · · · · · · · · · · · · ·
	West Palm Beach, Florida	33401	
		City/State and Zip Code	
	chrenhumes40@icloud.com		
For further information o	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	lication)
Ehren Humes		561 720-4802	
Name o	f Person		e Telephone Number
Enclosed is a check for t	he 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:
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



Resurrection Boat Work, LLC.

company has been notified in writing of this change.

2023 # R 24 PH 3: 03

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000113314</u>		and assigned
Florida document number This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Resurrection Boatworks, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	425 9th Street	
(Principal office address MUST BE A STREET ADDRESS)	APT I	
	West Palm Beach, FL 334	01
Enter new mailing address, if applicable:	425 9th Street	
Mailing address MAY BE A POST OFFICE BOX	APT 1	
	West Palm Beach, FL 334	01
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>er</u>	nter the name of the new registe
New Registered Office Address:		
	Enter Florida street address , Florida	
	City	Zip Code
	Cuy	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
			
			□ Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			☐Change
			□Add
			□Remove
		 	□Add
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			Remove

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Rective date, if other than to an effective date is listed, the date	the date of filing:	late of filing or more than 90 day	(optional) s after filing) Pursuant to 6 05 0207
ote: If the date inserted in this	s block does not meet the applicable Department of State's records.		
Schinging 2 cliectliae dufe on qu	Department of State's records.		
record specifies a delayed effe	tive date, but not an effective time	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effection is filed.	ctive date, but not an effective time	, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
is filed.		, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
is filed. April 18	2023	, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
is filed. April 18	2023		of: (b) The 90th day after the
is filed. April 18			of: (b) The 90th day after the

Filing Fee: \$25.00