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COVER LETTER

	Registration Division of	n Section Corporations		
SUBJEC		ase Boats, LLC		
3011/120	~!·	Name of Lin	nited Liability Company	
		s of Amendment and fee(s) are sub		
Please re	turn all corre	espondence concerning this matter	to the following:	
		Pat Harris		
			Name of Person	
		Off Lease Boats, LLC		
			Firm/Company	·
		115 Front St., Ste 300		7023
		·	Address	
		Jupiter, FL 33477		2023 JUH 11: M.
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		pat@usifund.com	to be used for future annual report	က (ဥ - (၁) မွ
For furth	er informatio	on concerning this matter, please c		nouncation) ,
Pat Harr		J .	561 799-005)
	Nar	me of Person	at ()	time Telephone Number
Enclosed	l is a check f	or the following amount:		
\$25.0	00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		AILING ADDRESS:	STREET/COI	JRIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Off Lease Boats, 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 May 30, 3023 _____ and assigned L23000261402 Florida document number 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Donald M. Allison, Esquire Name of New Registered Agent: 1699 South Federal Highway, Suite 300 New Registered Office Address: Enter Florida street address Boca Raton 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addec or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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