L23000400443

(Re	equestor's Name)	
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(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone #	<i>t</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	·)
(Do	ocument Number)	
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	OCT 1 2 2023	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Liberty Boa	its & Yacht Sales, LLC		
	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:	
	Michael	Conva Name of Person	
	LIBERTY T	Sort & YACH Firm/Company	r saks, LLC
	7901 4TH	ST V STE	<u> 300</u>
	ST. PETER	City/State and Zip Code	33702
	TAMPA BANGE-mail address:	to be used for future annual report notice	fication)
For further information of	oncerning this matter, please co	all:	
MicHAE Name o	f Person	at (941) — O4 Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$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)
Mailing Address		Street Address:	
Registration 5		Registration Sec	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Liberty Boats & Yacht Sales, 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 08	3/25/23	and assigned
Florida document number L23000400443			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901	474	ST N STE 300
(Principal office address MUST BE A STREET ADDRESS)	57. 7	ETEST	33.702
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, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Frem Ele	 prida street address	
	r.nier r ic		
	City	, Flo	rida Zip 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 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>	Address	Type of Action
AMBR	MICHAEL CONNEN	50, perers Bury; FC	576 300 _ Dadd '33702
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			TChange

CHANGE	Demail	70	SHOW	
MICHAEL	Conwe	My AS	BUTHO	rizeo
persons) · AUTHOR	1260 1	MEMBET -	owner
				
				
				· -
If the date inserted in		the applicable statu		optional) after filing.) Pursuant to 605. this date will not be liste
rd specifies a delayed e lled.	ffective date, but not an e	effective time, at 12	:01 a.m. on the earlier of	f: (b) The 90th day after
8/31/3	3	·		
	Signature of a material	har or authorized so	acantativa of a monika-	
	Signature of a mem	per or aumorized repr	esentative of a member	

Filing Fee: \$25.00