

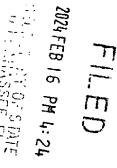
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| ction porations | | |
|--|--|---|
| | | |
| Name of Lim | ited Liability Company | |
| | | |
| Amendment and fee(s) are sub | mitted for filing. | |
| ndence concerning this matter | to the following: | |
| Clifford Baker, Esq. | | |
| | Name of Person | |
| Douglas Law Firm | | |
| | Firm/Company | |
| 100 Southpark Blvd., Ste | 114 | |
| | Address | |
| St. Augustine, FL 32086 | | |
| | City/State and Zip Code | |
| cliff@dhclawyers.com | to be and for three annual maner got | diantian) |
| | • | meanout |
| successing this matter, preuse en | | |
| | | W.A. L Mark |
| Person | Area Code Dayun | te retepnone Number |
| ne following amount: | | |
| □ \$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) |
| | Street Address: | |
| | _ | |
| | Name of Lim Amendment and fee(s) are sub- indence concerning this matter Clifford Baker, Esq. Douglas Law Firm 100 Southpark Blvd., Ste St. Augustine, FL 32086 cliff@dhelawyers.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter. | Amendment and feets) are submitted for tiling. Indence concerning this matter to the following: Clifford Baker, Esq. Name of Person Douglas Law Firm Firm/Company 100 Southpark Blvd., Stc. 414 Address St. Augustine, Fl. 32086 City/State and Zip Code cliff@dhelawyers.com E-mail address: (to be used for future annual report not oncerning this matter, please call: Person at { S00 705-5457 Area Code Daytin the following amount: \$\infty\$ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Signet Address: Registration See |

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAFL BOAT CLUB, LLC | | |
|---|--|---------------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | inv as it now appears on our Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Company | were filed on <u>08/25/202</u> . | and assigned |
| Florida document number 1.23000401419 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| SWELL TRADING AND DISTRIBUTION, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4255 A1A S., Ste. 3, St | Augustine, FL 32080 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | 2024 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | رم الم |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records | |
| | | |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | Enter Florida stree | a address |
| | rmer r torida stree | a character |
| | <u> </u> | , Florida Zip Code |
| | City | zip coae |

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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Page 2 of 3

| (If an ex Note: | tive date, if other than the date of filing: |
|--------------------|--|
|) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | $\frac{2/13}{-2} \cdot \frac{2024}{5}$ |
| | - Z 42-5 |
| | |
| | Signature of a member or authorized representative of a member |

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Filing Fee: \$25.00