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	ity/State/Zip/Phone	# 1
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section

Division of Corporations

'Tallahassee, FL 32314

GOLF CO.			
SUBJECT:	Name of Lim	ited Liability Company	.
	Amendment and fee(s) are sub	<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	QUINTIN M RIGGS		
		Name of Person	
	GOLF COAST MARINE	Address FLORIDA 34207 City/State and Zip Code MAIL.COM ail address: (to be used for future annual report notification) er, please call: 341 365-2201 at (
		Firm/Company	
	6008 DARTMOUTH DRI	VE	
		Address	
	BRADENTON FLORIDA	A 34207	
		City/State and Zip Code	
	QRIGGS17@GMAIL.COM		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
QUINTIN M RIGGS			
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
≤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
Registration Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLF COAST MARINE GELCOAT AND FIBERGLASS 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 Liab	oility Company were filed on 12/27/2	023 and assigned
Florida document number L24000005292	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
BLUEBIRD MARINE GELCOAT AND FIBERGLA	ASS LLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered office address b		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s.	reet address
	<u> </u>	Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my ered agent as provided for in Chap gistered office address, I hereby co	duties, and I am familiar with and stee 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	QUINTIN M RIGGS	6008 DARTMOUTH DRIVE	
		BRADENTON	□Remove
		FLORIDA 34207	
MGR	TREY J BROWN	6008 DARTMOUTH DRIVE	□Add
		BRADENTON	□Remove
		FLORIDA 34207	🖺 Change
			Remove
			□Add
			□Remove
			□Add
			Remove
			Change
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		04/0/2024			
E. Effective date, if other than (If an effective date is listed, the dat	the date of filing:	04/8/2024	nta af filing or mora t	(optional)) Pursuant to 605 0207
Note: If the date inserted in the	nis block does not me	et the applicable	e statutory filing red	quirements, this date	will not be listed as
document's effective date on t	he Department of Sta	ite's records.			
If the record specifies a delayed eff	ective date but not a	n effective time	at 12:01 a m. on th	ne earlier of: (b) Th	nc 90th day after the
record is filed.	vente date, out not a	27,000.70 11110,			,
_ APRIL 8		2024			
Dated					
	. / _				