

L930000000012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

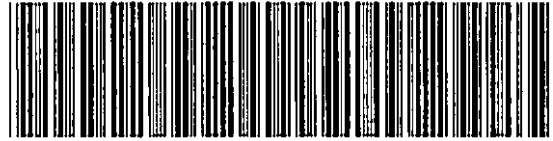
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OFFICE OF STATE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KELLY BOAT SERVICES, L.C.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Whitney L. Smith

\_\_\_\_\_  
Name of Person

Fleet, Smith & Freeman

\_\_\_\_\_  
Firm/Company

1283 N. Eglin Parkway

\_\_\_\_\_  
Address

Shalimar, Florida 32579

\_\_\_\_\_  
City/State and Zip Code

monique@fleetsmithlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Whitney L. Smith

850 651-4006

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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**

Kelly Boat Services, L.C.

(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 12/30/1992 and assigned Florida document number L9300000012.

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 "L.L.C."

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:**

Name of New Registered Agent:

Fleet, Smith & Freeman

New Registered Office Address:

1283 N. Eglin Parkway

*Enter Florida street address*

Shalimar

*City*

Florida

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SECRETARY OF STATE  
FILED  
325  
ip City

**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>   | <u>Address</u>                | <u>Type of Action</u>                      |
|--------------|---------------|-------------------------------|--|
| MGR          | H. Bart Fleet | 1283 N. Eglin Parkway         | <input checked="" type="checkbox"/> Add    |
|              |               | Shalimar, Florida 32579       | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |
| MGR          | Brant Kelly   | 4635 Gulfstarr Dr., Suite 300 | <input type="checkbox"/> Add               |
|              |               | Destin, FL 32541              | <input checked="" type="checkbox"/> Remove |
|              |               |                               | <input type="checkbox"/> Change            |
|              |               |                               | <input type="checkbox"/> Add               |
|              |               |                               | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |
|              |               |                               | <input type="checkbox"/> Add               |
|              |               |                               | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |
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|              |               |                               | <input type="checkbox"/> Change            |
|              |               |                               | <input type="checkbox"/> Add               |
|              |               |                               | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Walter Smith, Registered Agent

**Filing Fee: \$25.00**