P18000015947

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2024 AUS -2 AM 8: 54 SECRETARY OF STATE TALLAHASSEE, FL

ME - 2 At 6: 54

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Bonita Boats Inc.			
	1BER: P18000065947			
	es of Amendment and fee are sul	omitted for filing.		
Please return all corr	respondence concerning this mat	ter to the following:		
	Mitchel Larson			
		Name of Contact Person	n	
Bonita Boats Inc.				
		Firm/ Company		
	2900 Dusa Drive			
		Address		_
	Melbourne, FL 32934			
		City/ State and Zip Cod	e	- SE
	mitchel@bonitaboats.com			TARE
	E-mail address: (to be us	ed for future annual report	notification)	AN IN
For further informat	ion concerning this matter, pleas	e call:		TILLE 2024 AUG -2 MM 8: 54 SECRETARY OF STATE SECRETARY OF STATE
Mitchel Larson		at (³²¹	626-6794	FAT
Name of Contact Person Area Code & I		de & Daytime Telephone Nur	nber M	
Enclosed is a check	for the following amount made p	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di	ailing Address nendment Section vision of Corporations O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Bonita Boats Inc.			
(Name	of Corporation as currently	filed with the Florida Dept. of State)	
P18000065947			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Fi	lorida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
	N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co". A	mpany," or "incorporated" or the abbrev professional corporation name must co	iation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A.S.		<u> </u>	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	2024 SEC
		N/A	ALLAH ALLAH
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office addre	ss in Florida, enter the name of the	AY O
Name of New Registered Agent	Mitchel Larson		ELS. C
Name of New Registered Agent	2900 Dusa Drive		— PAR \$P
	(Florida stree	t address)	
New Registered Office Address:	Melbourne	Florida 3293	4
· · · · · · · · · · · · · · · · · · ·	(0		Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis	thanging Registered Agent: tered agent. I am familiar wi	th and accept the obligations of the positi	on.
	Mustural	mun	
•	Signature of New Seg	istered Agent, if changing	-

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P/D	Barbara Larson	2900 Dusa Drive
Add			Melbourne, FL 32934
X Remove			
2) X Change	P/D	Mitchel Larson	2900 Dusa Drive
Add			Melbourne, FL 32934
Remove 3) Change		NA	P 7
Add			ARY OF
Remove		,	SSOP = C
4) Change		<i>N/A</i>	——————————————————————————————————————
Add			mi mi
Remove		,	
5) Change		<i>N/A</i>	
Add			
Remove		,	
6) Change		<i>N/A</i>	
Add			
Remove			

Attach additional sheets, if necessary).			
	N/A		
	·		
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	<u> </u>		
		·····	
		SECRETIALLA	
		BECRETARY OF STALLAHASSEE,	فيون
			-
f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	TAR AHI	ľ
provisions for implementing the ame	ndment if not contained in the amendment itself:	\$2 \$2	ļ
(if not applicable, indicate N/A)	,	SSEE,	1
	11/4	m 17 09	
	70 / 7 ·	PA 5	
			
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The date of each amendment(s) add	ption:	7/30/2024	, if other than the
date this document was signed.		•	
Effective date if applicable:			
	(no more than 9	0 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicantment of State's records.	cable statutory filing requirements, this dat	le will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop action was not required.	ted by the incorporators, or l	board of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff		e number of votes east for the amendment(s	;)
		ough voting groups. The following stateme vote separately on the amendment(s):	nt
"The number of votes cast fo	r the amendment(s) was/we	re sufficient for approval	
	(voting group)		
	(voting group)		
Dated	1/30/2024		
Signature	Muhr	Francis	2024 SBC
(By a dire		cer - if directors or officers have not been	2
	by an incorporator – if in th I fiduciary by that fiduciary	e hands of a receiver, trustee, or other cour)	D = 670
N	fitchel Larson		-2 L ARY O
	(Typed or printed	name of person signing)	men m
P 	resident of Bonita Boats Inc		e si STAT E, FL
	(Title of person sig	gning)	m

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