

LO3000000 8658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

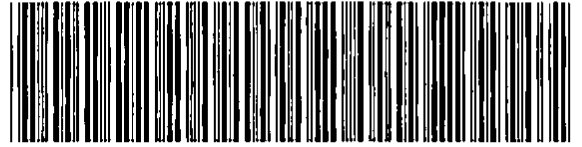
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/13/19--01033--002 **25.00

2019 SEP 05 PM 1:17

Amend

SEP 06 2019
I ALBRITTON

COVER LETTER

Change of ADD
813-495-0911

**TO: Registration Section
Division of Corporations**

SUBJECT: Waterdogg Boats LLC
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:

Robert C Desotell
Name of Person
Waterdogg boats LLC
Firm/Company
294 Windward Passage # 209
Address
Clearwater FL 33767
City/State and Zip Code
Waterdoggboats@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C Desotell
Name of Person
813 495-0910
at () 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

SEP 03 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2019

ROBERT DESOTELL
294 WINDWARD PASSAGE #209
CLEARWATER, FL 33767

SUBJECT: WATERDOGG BOATS, L.L.C.
Ref. Number: L03000008658

We have received your document for WATERDOGG BOATS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list and sign your legal name in the spaces provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00017375

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>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change Of Address

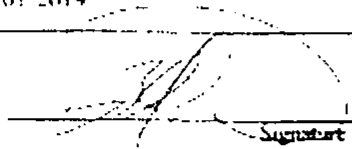
Lined area for amending information, currently blank.

E. Effective date, if other than the date of filing: _____ (optional)

(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 (1)(b), Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 09-01-2019 _____

 _____
Signature of a member or authorized representative of a member

Robert C Desotell

Typed or printed name of signer