

L09000092568

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000218431 3)))



H090002184313ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FILED
09 OCT 12 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BOAT HOUSE ACQUISITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

09 OCT 12 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 13 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
09 OCT 12 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Boat House Acquisition, 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 Liability Company were filed on September 24, 2009 and assigned
Florida document number L09000092568

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Boat House of Cape Coral, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1516 SE 46th Street
Cape Coral, FL 33904
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1516 SE 46th Street
Cape Coral, FL 33904
(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: _____

New Registered Office Address: _____
Enter Florida street address

City Florida Zip Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 09 OCT 12 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated October 12, 2009

Signature of a member or authorized representative of a member

Kevin Code, Manager

Typed or printed name of signee