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(1	Requestor's Name)
(/	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(I	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
	A. LUNT
	JAN 182008
l	EXAMINER

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MEISSNEE BOAT SERVICES 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:
JEAN MEISSNER (Name of Person)
MEISSNER BOAT SERVICES, LLC
3200 Guff Shores Blud N. Wit 410
City/State and Zip Code)
For further information concerning this matter, please call:
JEAN DE DAVE MEISSNER at 239 801-3010 E (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:    \$\sum_{\$\text{\$\e

**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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEISSNER (Name of the Limited Lis	BOAT SERVICES ability Company as it now appears on our r	L L	2	
(A Fig.	orida Limited Liability Company)	<u>Crui usi</u>		
The Articles of Organization for this Limited Liabi		1,200	) and assig	ned
Florida document number <u>LOI DOCO</u> /5	1230	,		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
Meissner Se	RUICES, LLC			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the de	esignation "I	LLC" or the abb	reviation
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our recores address here:	ds, enter d	the name of	the new
		AHA HA		1
Name of New Registered Agent:		ARY		_
New Registered Office Address:		77.0	D	1
New Registered Office Address.	(Enter Floria	la strem ade	dress)	<i>L</i>
•	,	Florida	38	
	(City)	r WI IU8	(Zip Code)	<del></del>

## 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

<u>le</u>	Name	Address	Type of Actio
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If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets,	if necessary.)
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ed	TANUARY 14.	2008.	
ed _ <u>Q</u>	TANUARY 14. S Signature of a me	2/ <sub>1</sub>	

Page 2 of 2

Filing Fee: \$25.00