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PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
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EXAMINER

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11/18/11--01033--024 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Boat House 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:	
Cynthia Palmer	
Name of Person	
Doat House LLC	
Firm/Company	
850 NE 7844 ST	
Address	
W/19m1, FC 33/58	
City/State and Zip Code /	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cynthia Palmer at (305, 710-5417	_
Name of Person . Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed	Status &

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

boathuse LLC (Name of the Limited Liability Compan	v as it now appears on our records.)		_	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 11/24 03	and	l assigr	ned
Florida document number 10300048339				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company," the designation	"LLC" or	the abb	reviation
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 offi registered agent and/or the new registered office address here		the nam	ie of 1	the new
Name of New Registered Agent:		AEC	<u> </u>	
New Registered Office Address:	Enter Florida street aa	<u> </u>	20	1-101-101-1
		NASSEE	œ	
- * - *	, Florida	Zin	iode,	8
New Registered Agent's Signature, if changing Registered Agent:		SALE		

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 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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Conthia Palmer	1245 NE 98 ST Myami Shores, FL 33138	Add Remove
MGRM	Jennifer Pleming	1245 NE 98 57 Mami Shores, PC 33138	Add Remove
M G-KM	Diana Cole	1245 NE 98 ST Man. Chem, FL 33132	Add Remove
			Add Remove
			□Add □Remove
			Add Remove
_	ennifer Pleming of witching from 1		
Dated	Cynthia D. Palu	or authorized representative of a member	
-	Signature of a member of the Signature	Mer authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00