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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	DAILY BOA	AT RENTAL, LLC			
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Joseph M. Landolfi, Jr., Ll.	M.		
			Name of Person		_
		Shapiro, Blasi, Wasserman	, & Hermann, P.A.		
			Firm/Company		-
		7777 Glades Road, Suite 40	00		
		 	Address		-
		Boca Raton, FL 33434			
			City/State and Zip Code		-
		jlandolfi@sbhw.law			
		E-mail address: (to	o be used for future annual rep	port notification)	
For further in	formation co	ncerning this matter, please ca	ll:		
Joseph M. L	andolfi, Jr., L	L.M.	561 477-	·	
	Name of	Person	Area Code	Daytime Telephone Number	:r
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificated) Certified	ate of Status &

MAILING ADDRESS: Registration Section

TO:

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

DAILY BOAT RENTAL, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabilit	y Company were filed on	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "!	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Muning university In The ATOST OFFICE BOX)		
3. If amending the registered agent and/or re		ds, enter the name of the
registered agent and/or the new registered office a	ddress here:	3
N		20
Name of New Registered Agent:		20 =
New Registered Office Address:		-
	Enter Florida street addr	ess 3 5
	, F	lorida
	City	Zip Code Zi

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 605, 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 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>	Type of Action
MGRM	THOMAS TYGHEM	609 N. FEDERAL HIGHWAY	
		DEERFIELD BEACH, FL 33441	■ Remove
			☐ Change
MGR	THOMAS M. TYGHEM	609 N. FEDERAL HIGHWAY	≌ Add
		DEERFIELD BEACH, FL 33441	□ Remove
			_□ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
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			□ Remov
			Change
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			□ Change

The Co	mpany shall be recharact	erized as a "Mana	iger-managed" compa	ny.		
						
			 			
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		·				
in effective da ote: If the d	e, if other than the date it is listed, the date must be late inserted in this block fective date on the Depar	specific and cannot l does not meet the	applicable statutory f	or more than 90 days aft	tional) er filing.) Pursuant nis date will not b	to 605.0207 (i be listed as th
record sp The 90th	pecifies a delayed ef day after the record	fective date, b is filed.	out not an effectiv	e time, at 12:01	a.m. on the	earlier of:
March	28	2018	3			
ited			·			
-	Sign	nature of a member	or authorized representa	tive of a member	-1.	- 100
ጥ L	omas M. Tyghem, Mana					
111	omas w. Tygnem, wama	301				· 72 · 2

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Filing Fee: \$25.00