

LOG 00101457

(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



000156275320

05/22/09--01037--010 **25.00

2009 MAY 22 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

MAY 26 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOAT MONEY 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:

DAVID STRONG

Name of Person

QUALITY FINANCIAL SERVICES INC

Firm/Company

209 DUNLAWTON AVE SUITE 14

Address

PORT ORANGE, FL 32127

City/State and Zip Code

DAVID.STRONG@QUALITY-FINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID STRONG

Name of Person

at (386) 761-7855

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

2009 MAY 22 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOAT MONEY 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 10-17-06 and assigned
Florida document number L06000101457.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2008 MAY 22 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, Florida _____
City 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> |
|--------------|-----------------|---|--|
| MGRM | BENJAMIN EKEY | 928 GEORGE HECKEN DRIVE SOUTH DAYTONA FL 32119 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | GLEN SCHWARZ | 3233 RIVERVIEW LN DAYTONA BEACH FL 32118 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | MICHAEL SCHWARZ | 486 OAKLAND PARK BLVD PO ORANGE FL 32127 | <input checked="" 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 |

2009 MAY 22 AM 11:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

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

Dated 5.19, 2009



Signature of a member or authorized representative of a member
JAMES GREGORY HINTON

Typed or printed name of signee