

080000 50935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

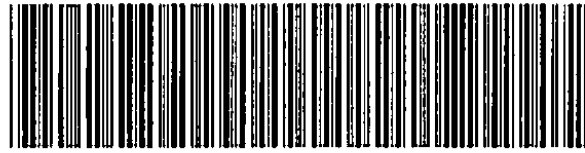
(Business Entity Name)

(Document Number)

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MICHIGAN SECRETARY OF STATE

JAN 24 2020
C McNAIR

Registration Section
Division of Corporations

TENDER CARE BOATS, LLC

CT:

Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

HAROLD REISERT

Name of Person

Firm/Company

650 TULIP TREE LANE

Address

BOCA RATON, FL 33486

City/State and Zip Code

SKIP@TENDERCAREBOATS.COM

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

For further information concerning this matter, please call:

LYNN REISERT

561

716-0564

at ()

Name of Person

Area Code

Daytime Telephone Number

I am enclosing a check for the following amount:

☐ \$0.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

19 DEC 20 PM 3:02
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
REGISTRATION SECTION

and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

document number L08000050935

REISERT YACHTS, LLC

new principal offices address, if applicable:

650 TULIP LANE

pal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33486

new mailing address, if applicable:

650 TULIP LANE

ig address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33486

changing 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

Registered Agent's Signature, if changing Registered Agent:

I 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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

oved from our records:

= Manager

= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
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mending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Effective date, if other than the date of filing: _____ (optional)

effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

g. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the instrument's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
the 90th day after the record is filed.

d NOVEMBER 26 2019

Signature of a member or authorized representative of a member

HAROLD REISERT

Typed or printed name of signee