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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

4/5/19

NAME:

BOATBASIN, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00 - CHECK IS ATTACHED

RETURN: PLAIN AND GOOD STANDING COPY PLEASE

COVER LETTER

TO: Registration S Division of Co				
BOATBA SUBJECT:	ASIN, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub condence concerning this matter	_		
	SIMON D. ROTHSTEIN,	ESQ		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	ADAMS, ROTHSTEIN &	SIEGEL, P.A.		
	Firm/Company			
	4417 BEACH BLVD., SUITE 104			
	Address			
JACKSONVILLE, FLORIDA 32207			2319	
City/State and Zip Code SKIPLAW@ARSJAXLAW.COM			, ,	
	E-mail address: (to be used for future annual report notif	ication)	ſ
For further information	concerning this matter, please c	all:	άν Σ	i,
SIMON D. ROTHSTEIN 904 398-1419 at ()				
Name	of Person		2 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	
	LLVG - DDDVGG	AND DIVINOS UNI	PD ADDRESS	

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

BOATBASIN, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on ou ited Liability Company)	r records.)	
he Articles of Organization for this Limited Liability Comp	oany were filed on JANUAR	Y 27, 2010	and assigned
orida document number L10000010325			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
LAGSHIP MARINE PROPERTIES, LLC			
ne new name must be distinguishable and contain the words "Limited I.	Liability Company," the designati	on "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>	 	
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
	·	١٠.	23
		ř.	
nter new mailing address, if applicable:			المنطقة المنطقة المنطقة المنطقة
failing address MAY BE A POST OFFICE BOX)		,	-1
Taking things of the Bong		•	J g-=q
			O)
. If amending the registered agent and/or registered agent and/or the new registered office address		records, <u>enter t</u>	hechame of th
	 -		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et 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 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>	Address	Type of Action
			
			□ Remove
			☐ Change
			DAdd
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	DATE OF FILING .	 ن
an ef	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	ant to 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	ot be listed a
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlier o
atod	APRIL 4, 2019	
aicu	0 +.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

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TO: Registration Section Division of Corp				
BOATBASII SUBJECT:				
		ted Liability Company		
	mendment and fee(s) are subn	-		
	SIMON D. ROTHSTEIN, I	ESQ		
		Name of Person		
	ADAMS, ROTHSTEIN &	SIEGEL, P.A.		
		Firm/Company		
4417 BEACH BLVD., SUITE 104				
		Address		
	JACKSONVILLE, FLORIDA 32207			
City/State and Zip Code				
	SKIPLAW@ARSJAXLAW.COM E-mail address: (to be used for future annual report notification)			
For further information co	ncerning this matter, please ca	·	,	
SIMON D. ROTHSTEIN		904 398-1419 at ()_		
Name of	Person	Area Code Dayt	ime Telephone Number	
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Division of Corporations P.O. Box 6327

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