

L1000001032S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

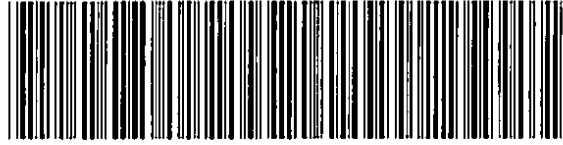
(Business Entity Name)

(Document Number)

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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

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

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2019 APR 11 10 54 AM  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOATBASIN, 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:

SIMON D. ROTHSTEIN, 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 concerning this matter, please call:

SIMON D. ROTHSTEIN

904

398-1419

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2019 JUN 11 10 00 AM

## BOATBASIN, LLC

Page 1 of 3

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


Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SEP 15 1964

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 二  
 三  
 四

(b) The 90th day after the record is filed.

PRIL 4, 2019



Signature of a member or authorized representative of a member

Typed or printed name of signee

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904 398-1419  
at ( )

\_\_\_\_\_  
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Area Code

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(additional copy is enclosed)

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Certificate of Status &  
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