

L11000118391 ✓

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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11 OCT 28 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 31 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEACH BOAT RENTALS.COM LUXURY CHARTERS-TOURS
Name of Limited Liability Company
305 6749300 LLC

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

Please return all correspondence concerning this matter to the following:

ANTHONY MARZILLI
Name of Person

Firm/Company

2400 COLLINS AVENUE
Address

MIAMI BEACH - FL 33140
City/State and Zip Code

MR MIAMI USA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY MARZILLI at 305 6749300
Name of Person 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

FILED
11 OCT 28 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BEACH BOAT RENTAL & TOURS LUXURY CHARTERS-TOURS

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

3056749300 LLC

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-17-2011 and assigned
Florida document number L11000118391.

CONFIRMATION # 3554106039

100213374481

This amendment is submitted to amend the following:

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

BEACH BOAT RENTAL LUXURY CHARTERS-TOURS 3056749300 LLC

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)

TALLAHASSEE, FLORIDA
OCT 28 PM 2: 5

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

_____	STATE OF FLORIDA	11 OCT 23 PM 12:16
_____	TALLAHASSEE	

Dated _____

Signature of a member or authorized representative of a member

ANTHONY MARZILLI
Typed or printed name of signee