

LI600005388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

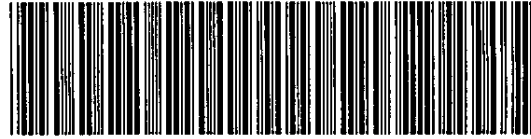
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500305619505

11/14/17--01031--016 \*\*25.00

FILED  
17 NOV 13 AM 7:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 NOV 13 AM 8:15

TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OZELLO Boats 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:

George Fletcher  
Name of Person

OZELLO BOATS LLC  
Firm/Company

2355 S. Ripple Path  
Address

CRYSTAL RIVER, FL 34429  
City/State and Zip Code

fletcher@crystalriveranimalhospital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Fletcher at 352 601-8458  
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

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

OZELLO Boats 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 JAN. 4, 2016 and assigned Florida document number 116000005388.

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 contain 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)

2355 S. Ripple Path  
Crystal River, FL 34429

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8874 W. Sue Ln.  
Crystal River, Fla 34429

**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:

George Fletcher

New Registered Office Address:

2355 S. Ripple Path

Enter Florida street address

Crystal River, Florida

City

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	MONICA HERNANDEZ	770 NE 2ND AVE	<input type="checkbox"/> Add
		CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK HERNANDEZ	770 NE 2ND AVE	<input type="checkbox"/> Add
		CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	George Fletcher	1119 S. Vrechin PT	<input checked="" type="checkbox"/> Add
		CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

17 NOV 13 AM 7:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: April 10, 2017 (optional)

(If an 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)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

**Dated**

~~11/8/2017~~ 2017.

Signature of a member or authorized representative of a member

George Fletcher  
Typed or printed name of signer

Typed or printed name of signee