## L16000029566

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	<i>;</i> #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
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**S MASON** 

## **COVER LETTER**

Division of Corporations							
SUBJECT:		NT BOAT LLC					
		Name of Lim	ited Liability Company				
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return	n all correspor	dence concerning this matter	to the following:				
		ALINE DARMOUNI					
			Name of Person				
		ATRIUM CPA					
			Firm/Company				
		44 WEST FLAGLER STR					
		Address					
		MIAMI, FL 33130					
			City/State and Zip Code	<del></del>			
		ad@atriumcpa.com					
		E-mail address: (	to be used for future annual report notific	cation)			
For further i	information co	ncerning this matter, please ca	all:				
ALINE DA	RMOUNI		305 600-4405				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for the	e 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:

TO:

**Registration Section** 

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**

MIAMI RENT BOAT LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/11/20}{}$	and assigned	
Florida document number L16000029566			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1717 N BAYSHORE DRIVE, SUITE 134		
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33132		
Enter new mailing address, if applicable:	44 WEST FLAGLER ST., STE 2300		
Mailing address MAY BE A POST OFFICE BOX	MIAMI, FL 33130		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the	
Name of New Registered Agent: ATRIUM CPA	- ALINE DARMOUNI		
New Registered Office Address: 44 WEST FLA	GLER ST, STE 2300		
	Enter Florida stre		
MIAMI		, Florida	
	City	Zip Code	

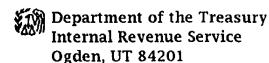
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>	Type of Action
MGRM	JEAN CHARLES BEAUGET	1717 N BAYSHORE DRIVE,	Add
		SUITE 134	_□ Remove
		MIAMI, FL 33132	Change
			Add
			☐ Remove
		-	☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add    Signature   Signatur
			Phange To Phange
			□ Change



In reply refer to: Feb 24, 2016 30-0913572

0457362585 LTR 147C

MIAMI RENT BOAT LLC
JEAN CHARLES BEAUGET MBR
44 W FLAGLER ST STE 2300
MIAMI FL 33130

Taxpayer Identification Number: 30-0913572

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of February 24th, 2016.

Your Employer Identification Number (EIN) is 30-0913572. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Echevarria 1000247368 Customer Service Representative

EIN 30-09135	72						
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ective date, if other	r than the date of	03/28/2016 f filing:		(opt	tional)		
effective date is listed,	, the date must be speci	ific and cannot be prior	to date of filing or mor	e than 90 days aft	er filing.)	Pursuant t	to 605.02
e: If the date inserte	ed in this block does te on the Departme	s not meet the applicant of State's records.	able statutory filing	requirements, th	iis date v	vill not b	e listed
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he 90th day afte	_	M CPA - REGISTER		f a member	ALCRETARY OF	6 MAR 30	
he 90th day afte	_	M CPA - REGISTER	RED AGENT	a member	4 300	B MAR 3	

Filing Fee: \$25.00