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COVER LETTER

| . Division of Cor | porations "' | 7 | | |
|-----------------------------|--|---|------------------|--|
| C I BOAT' | WAYS RD, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Conrad Willkomm, Esq. | | | |
| | | Name of Person | | |
| | Law Office of Conrad Wil | lkomm, P.A. | | |
| | | Firm/Company | | |
| | 3201 Tamiami Trail N., 2r | | | |
| | Address | | | |
| | Naples, FL 34103 | | | |
| City/State and Zip Code | | | | |
| conrad@swfloridalaw.com | | | | TESE T |
| | E-mail address: (| to be used for future annual report notific | ation) | 調富工 |
| For further information c | oncerning this matter, please c | all: | | 题2二 |
| Conrad Willkomm, Esq. | | 239 262-5303 at () | | がいる。 |
| Name o | f Person | | Felephone Number | FILED W 3-14 CREIGHT OF STATE CREIGHT STATE CREIGHT STATE |
| Enclosed is a check for the | ne following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |

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

| CIBOATWAYS RD, LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con | npany were filed on 12/20/2016 | and assigned |
| Florida document number L16000229060 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRE, | <u></u> | |
| | | |
| Enter new mailing address, if applicable: | | 700 = |
| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | 三 |
| | | 级数 2 1 |
| B. If amending the registered agent and/or registeregistered agent and/or the new registered office address | | nter the name of the new |
| egistered agent and/or the new registered office address | s nere: | = = = = = = = = = = = = = = = = = = = |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| ATOM AND DESIGNATION OF THE PROPERTY OF THE PR | Enter Florida street address | |
| | , Florid | |
| | Ciry | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------------|-------------------|
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| | | 58332 Schwelm, Germany | ☐ Remove |
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| Effective date, if other than the elective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | be specific and canno ck does not meet th | e applicable stat | filing or more than utory filing requi | (optional) 190 days after filing rements, this date | g.) Pursuant to 605.0 |)207 (3)(b) I as the |
| the record specifies a delayed) The 90th day after the reco | effective date, rd is filed. | but not an ef | fective time, | at 12:01 a.m. | on the earlie | r of: |
| Dated March 16 | 201 | .7 | | | | |
| N. 14 | , | He. | - J-UN2 presentative of a mo | Lehb | eck | |
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Filing Fee: \$25.00