

L16 000 229660

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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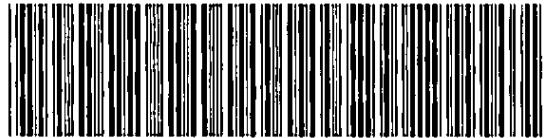
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399
17 DEC 12 PM 7:43

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C I BOATWAYS RD, 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:

Diana Blaschzyk

Name of Person

Thomas W. Hill and Company, LLC

Firm/Company

1314 Lafayette Street

Address

Cape Coral, FL 33904

City/State and Zip Code

dblaschzyk@hillcoepa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas W. Hill

239 549-2444
at ()

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**

C I BOATWAYS RD, 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 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 liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Thomas W. Hill

New Registered Office Address:

1314 Lafayette Street

Enter Florida street address

Cape Coral

City

Florida 33904

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, 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>
AMBR	ALVEGA CORPORATION	1314 Lafayette Street	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dr. Rolf Lohbeck	Auf dem Hagen 9	<input type="checkbox"/> Add
		Schwelm, NRW, DE 58332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Heidrun Lohbeck	Auf dem Hagen 9	<input type="checkbox"/> Add
		Schwelm, NRW, DE 58332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

FILE
SECRETARY OF THE
TALLAHASSEE BOARD

17 DEC 17 PM 7:43

E. Effective date, if other than the date of filing: _____ (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.

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

Dated DECEMBER 6th, 2017

✓ A. Schlegel

Signature of a member or authorized representative of a member

DR. ROLF LOHBECK

Typed or printed name of signee