L17000061723

(Requestor's Name)	_
(Address)	_
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	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
(Boodine Hamber)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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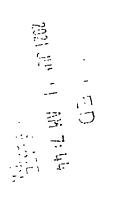




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7/12/5



COVER LETTER

TO: Registration Se Division of Cor				
	BOAT WORKS, LLC			
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter			
	ROWAN OGARRO			
		Name of Person		
	QUALITY BOAT WORK	S, LLC		
	Firm/Company			
	149 ALAMEDA DR			
		Address	 	
	KISSIMMEE, FL. 34743			
		City/State and Zip Code		
	GARO8033@HOTMAIL.C			
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	au:		
ROWAN OGARRO		407 301-7399 at ()		
Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed is a check for the	he 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 Addres Registration 9		Street Address: Registration Se	ection	
Division of C			Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monre	oc Street, Suite 810	

Tallahassee, FL 32303

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TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) Limited Liability Company)	
mpany were filed on 03/20/2017	and assigned
ed liability company here:	
ed Liability Company." the designation "LLC" or the	he abbreviation "L.L.C."
<u> </u>	
office address on our records, <u>enter the r</u>	name of the new regis
Enter Florida street address Florida	
e	ed liability company here: ed Liability Company." the designation "LLC" or t

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 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
AMBR	ROWAN OGARRO	149 ALAMEDA DRIVE	
		KISSIMMEE, FL. 34743	□Remove
			□Change
AMBR	FRANCIS KENTISH	149 ALAMEDA DRIVE	
		KISSIMMEE. FL. 34743	≅Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			Add (iii)
			□ Remove □ Change
			□Add
			□Remove
			□Change

		
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	- -	
ective date, if other than the one offective date is listed, the date must te: If the date inserted in this bloom	late of filing: be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a
cument's affective date on the Dep	partment of State's records.	- ,
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.n	n, on the earlier of: (b) The 90th day after the
JUNE 8TH	2021	ve of a member
	\searrow \angle	
	ignature of a member or authorized representati	ve of a member