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(Requestor's Name)	
(Address)	
(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:	
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

N COOPER MAR 2 8 2018

COVER LETTER

TO: Registration S Division of Co		·	
SUBJECT:		ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Processing Department		
		Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Processing Department Name of Person MyCorporation Firm/Company 26025 Mureau Road, Suite 120 Address Calabasas, CA 91302 City/State and Zip Code E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: ion at (1) Name of Person Area Code Daytime Telephone Number check for the following amount: illing Fee		
		Address City/State and Zip Code Address: (to be used for future annual report notification) lease call: 224-7639 Area Code Area Code Daytime Telephone Number & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status &	
	26025 Mureau Road, Suite	: 120	
		Address	
	BOAT UNFILTERED LLC Name of Limited Liability Company Rosed Articles of Amendment and fee(s) are submitted for filing. Beturn all correspondence concerning this matter to the following: Processing Department Name of Person MyCorporation Firm/Company 26025 Mureau Road, Suite 120 Address Calabasas, CA 91302 City/State and Zip Code E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Doration Name of Person Area Code Daytime Telephone Number d is a check for the following amount: 00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy Certificate of Status Certificate Copy Certificate of Status Certificate Of Status		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
MyCorporation		818 224-7639 at ()	
Name (of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee			

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

BOAT UNFILTERED LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on _01/08/2018	and assigned
Florida document number L18000005423	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEC FALL 18
(Principal office address MUST BE A STREET ADDRI	ESS)	MAR MAR
		ASS ASS
Enter new mailing address, if applicable:		= ::S
(Mailing address MAY BE A POST OFFICE BOX)		OS RIE
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· ·	, Florida	
	City	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>	Address	Type of Action
AMBR	PERKINS, SCOTT	4704 OLD MOUNTAIN RD	
		ROANOKE, VA 24019	■ Remove
			☐ Change
			
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
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			□ Add
			☐ Remove
			□ Change
			□ Remove
			□ Change

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.) Pu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	TALLAHASSEE, FLORIUA 18 MAR 27 AN 11: 08
Effective date, if other than the date of filing:	AM 11:
Effective date, if other than the date of filing:	AM 11:
Effective date, if other than the date of filing:	AM 11:
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Effective date, if other than the date of filing:	AM 11:
Effective date, if other than the date of filing:	11: 08
Note: If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will	
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Note: If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will	
Note: If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	
	suant to 605,0207 not be listed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	the earlier of:
Dated 3-22, 2018.	
Signature of a member or authorized representative of a member	
Andrea Miller, AMBR	

Page 3 of 3

Filing Fee: \$25.00

MyCorporation



My Corporation Business Services, Inc. 26025 Mureau Road, Suite 120 Calabasas, CA 91302

eau Rd, Suite 120 , CA 91302

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOAT UNFILTERED LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company))
(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 01/08/2018 Ilorida document number L18000005423 This amendment is submitted to amend the following: The new name must be distinguishable and contain the words "Limited Liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevance of the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevance of the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevance of the new principal office address MUST BE A STREET ADDRESS) The new mailing address MUST BE A STREET ADDRESS Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	and assigned	
Florida document number L18000005423		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited List	ability 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)		8 (L)
		AR HAR
		SSE SSE 27
Enter new mailing address, if applicable:		2 (
(Mailing address MAY BE A POST OFFICE BOX)	and the state of t	STATE FLORID
	<u> </u>	8 8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, ere:	enter the name of the ne
	 -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	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>	Address	Type of Action
AMBR	PERKINS, SCOTT	4704 OLD MOUNTAIN RD	
		ROANOKE, VA 24019	■ Remove
			☐ Change
			□ Add
			Remove
			Change
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te: If the date ii	other than the date listed, the date must be spinserted in this block dove date on the Departm	es not me	et the applicabl	date of filing or le statutory fili	more than 90 day ng requiremen	(optional) s after filing.) Purs s, this date will	uant to 605.0 not be listed)207 1 as
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Filing Fee: \$25.00