L18000010271

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SECHETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

	Boat Detailing 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:	
	Jeff Gazaway		
		Name of Person	
	Gazaway Boat Detailing L	LC	
		Firm/Company	
	6519 Blue Grosbeak Cir		
		Address	
	Lakewood Ranch, Florida	34202	
		City/State and Zip Code	
	info@GazawayDetailing.co	m	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Jeff Gazaway		941 366-3300 at ()	
Name of Person			e Telephone Number
Enclosed is a check for t	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 Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GAZAWAY BOAT DETAILING, LLC

2022 MAY 18 PM 1: 34

(Name of the Limited Liability Company as it now appears on our records) RETARY OF STATE TALLAHASSEE The Articles of Organization for this Limited Liability Company were filed on $\frac{01/11/2018}{1}$ and assigned, Florida document number L18000010271 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 "L.L.C." 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 t 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
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Hective date, if other than t an effective date is listed, the date i ote: If the date inserted in this	nust be specific	and cannot l				days after fil	ling.) Pursua		
ocument's effective date on the	Department	of State's re	ecords.	. statutory .	mig require	memo, mis e	ate will no	t oc nated	LL .,
record specifies a delayed effect is filed.	tive date, but	not an effe	ctive time.	at 12:01 a.	m, on the car	rlier of: (b)	The 90th	day after tl	he
		2022							
May 12 Pated		<u> </u>							
eated May 12	M								
Dated May 12	Signature	of a mornion	or authorize	 id repriseents	tive of a mem	her			

Filing Fee: \$25.00