L18000219418

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Duciness Fatty Name)
(Business Entity Name)
(Document Number)
(Document Namber)
Certificates of Status
Filing Officer:





400393217124

27.05.05.55.703.064. **6**95.06

1022 AUT 23 AUT 10: 11

2022 AUG 23 AH 9:5

0 8/23/2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BURN THE BOATS 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:
Joseph HARDING Name of Person
BURN 7th - ROATSLLS Pirm/Company DBA HOWIFZITZ
261 FIDDLERS PT DR
STANUSTINE FL 32080
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call.
South Area Code Daytime Telephone Number at (850 290 - 7675) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) 09/14/2018 The Articles of Organization for this Limited Liability Company were filed on _____ _ and assigned Florida document number <u>L 18000219</u>418 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 "LLC" 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: New Registered Office Address: Enter Florida street address , Florida _

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 dutics, 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>	Address	Type of Action
AMBR	Soul HARDAL	261 FIDLERS PT DR	
		ST. AUGUSTINE	□Remove
		FL 32080	Echange
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
	·		Change
			□Add
			□Remove
			∏(Chang)

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(H'an e Note	tive date, if other than the date of filing: Sold 2002 (optional)
If the reco record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	8/23/2022
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00