

LI8000219418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

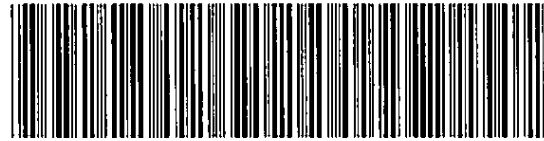
(Business Entity Name)

(Document Number)

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FILED  
2022 SEP -7 PM 3:44  
TALLAHASSEE, FLORIDA

FILED  
2022 SEP -7 PM 3:58  
TALLAHASSEE, FLORIDA

A. BUTLER

SEP -7 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:

~~JONATHAN~~ JOEL HARDIN  
Name of Person

BURN THE BOATS LLC  
Firm/Company

261 FIDDLERS PT. DR  
Address

ST AUGUSTINE FL 32080  
City/State and Zip Code

JOEL@HOMELIFEFOREVER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL HARDIN at 850 290 7675  
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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

BURN THE BOATS

2022 SEP -7 PM 3: 58

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9/7/2022 and assigned  
Florida document number L18000219418

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)

261 FIDDLERS PT. DR.  
ST. AUGUSTINE FL 32080

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:

261 FIDDLERS PT DR  
Enter Florida street address  
ST AUGUSTINE Florida 32080  
City Zip Code  
FL

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**

[illegible]

[illegible]

(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)

Dated

Joel HARDIN

Typed or printed name of signee