

119000230856

(Requestor's Name)

(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:

Office Use Only



400322078504

01/05/19--01004--022 \*\*\$0.00

RECEIVED

JAN 02 2019

FILED  
19 JAN 24 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0 000000  
JAN 28



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2019

HECTOR LOPEZ  
2847 PALM ISLE WAY  
ORLANDO, FL 32829

SUBJECT: HECTOR'S BOAT REPAIR & DETAIL LLC  
Ref. Number: L18000230856

We have received your document for HECTOR'S BOAT REPAIR & DETAIL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 319A00000881

2019 JAN 12 PM 10:00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HECTOR'S BOAT REPAIR & DETAIL L.L.C.  
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:

HECTOR LOPEZ  
Name of Person

HECTOR'S BOAT REPAIR & DETAIL L.L.C.  
Firm/Company

2847 PALM ISLE WAY  
Address

ORLANDO FL. 32829  
City/State and Zip Code

MOJO 007487 @ AOL.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MISHER at ( 407 ) 683-3444  
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  
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

HECTOR'S BOAT REPAIR & DETAIL L.L.C.

(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 Sept. 2018 as assigned  
Florida document number 1-528822930

EIN #   

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~HEA BOATWORK~~ Hand & BOATWORK LIMITED LIABILITY COMPANY  
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)

2847 PALM ISLE WAY  
ORLANDO FL 32829

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:

DAVID J. MOSHER

New Registered Office Address:

2847 PALM ISLE WAY

Enter Florida street address

ORLANDO Florida 32829

City

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR LOPEZ		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID MOSHER		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JAN 24 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
19 JAN 24 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

Dated November 15 2018. 2018

David J. Mosher  
Signature of a member or authorized representative of a member

DAVID J. MOSHER  
Typed or printed name of signer