L19 000135935

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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	ı	9/24/21 TM

Office Use Only



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21 SEP 13 PH 3: 14

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	COBBOAT,	LLC ·	
		. ,	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Oscar	S BERWAL	
	B&P_Im	H. Comsolting	, LLC.
	<u> 20301 sw</u>	10616 AVE .	
		City/State and Zip Code	
	miquelo and	gel (a) 105 GO R.Y. o o be used for future influal report notif	COM fication)
For further information co	oncerning this matter, please ca	4	
OSCAR Name of	BGRNM Person	at (<u>305</u>) <u>439</u> Area Code Daytimo	e Telephone Number
Enclosed is a check for th	•		
\$25.00 Filing Fee	3530.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION: 13 PH 3: 14 OF

CORBOAT, L	LC.
(<u>Name of the Limited Liabilit√ Comp</u> (A Florida Limited	Dany as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company	y were filed on MAY 20, 2019 and assigned
Florida document number <u>L 19000 135935</u>	~ . <i>I</i> !
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "L1.C" 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 324	PIntil Cernsulting; LLC. Ew 106th AUR. Enter Florida street address
New Registered Office Address: 20301	EW 1064h AUE. Enter Florida street address
	AMI, Florida <u>33 189 - Zip Code</u>
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>

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 21 SEP 13 PH 3: 14

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	SYLVIA SOLAND	1100 BRICKEL BAY OR. 28A MIAMI, FL 33131	74 Add
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		□Change	
		🗆 Add	
			□Remove
		□Change	
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			FIChman

). It amo	ending any other information, enter change(s) here: (Attach additional sheets,)(necessary.)
_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
cord is fi	
Dated	September 9 2021
	Signature of a member of authorized tepresentative of a member
	Signature of a member of authorized representative of a member
	Dance Bringer
	Typed or primed name of signee

Filing Fee: \$25.00