

L19000 162440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

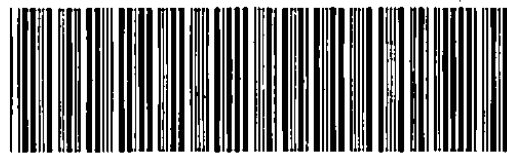
(Business Entity Name)

(Document Number)

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LLC  
Amend

OCT 17 2019

CONNELL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAFE BOATING, 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:

GUST G. SARRIS, ESQ.

Name of Person

ADSUM LAW FIRM, P.L.L.

Firm Company

1301 RIVERPLACE BOULEVARD, SUITE 800

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

GSARRIS@ADSUMLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUST G. SARRIS

904

398-9510

at ( )

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

TO  
ARTICLES OF ORGANIZATION  
OF

SAFE BOATING, LLC

(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 06/20 2019 and  
Florida document number L19000162440.

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

Enter new principal offices address, if applicable:

1107 KEY PLAZA #503

(Principal office address MUST BE A STREET ADDRESS)

KEY WEST, FL 33040

Enter new mailing address, if applicable:

1107 KEY PLAZA

(Mailing address MAY BE A POST OFFICE BOX)

KEY WEST, FL 33040

**B. If amending the registered agent and/or registered office address on our records, enter 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

City

Zip Co.

**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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>     | <u>Type</u>                           |
|--------------|------------------|--------------------|---------------------------------------|
| MGR          | EASTON SMITH     | 1107 KEY PLAZA     | <input type="checkbox"/> A            |
|              |                  | #503               | <input type="checkbox"/> R            |
|              |                  | KEY WEST, FL 33040 | <input checked="" type="checkbox"/> C |
| MGR          | MICHAEL A. YATES | 1107 KEY PLAZA     | <input type="checkbox"/> A            |
|              |                  | #503               | <input type="checkbox"/> R            |
|              |                  | KEY WEST, FL 33040 | <input checked="" type="checkbox"/> C |
|              |                  |                    | <input type="checkbox"/> A            |
|              |                  |                    | <input type="checkbox"/> R            |
|              |                  |                    | <input type="checkbox"/> C            |
|              |                  |                    | <input type="checkbox"/> Ad           |
|              |                  |                    | <input type="checkbox"/> Re           |
|              |                  |                    | <input type="checkbox"/> C            |
|              |                  |                    | <input type="checkbox"/> Ac           |
|              |                  |                    | <input type="checkbox"/> Re           |
|              |                  |                    | <input type="checkbox"/> C            |
|              |                  |                    | <input type="checkbox"/> Ac           |
|              |                  |                    | <input type="checkbox"/> Rer          |
|              |                  |                    | <input type="checkbox"/> Ch           |

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ex  
(b) The 90th day after the record is filed.

Dated JULY 17 2019 \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

GUST G. SARRIS, ESQ.

\_\_\_\_\_  
Typed or printed name of signer