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Office Use Only



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COVER LETTER

			COVER LETTER			
TO:	Registration So Division of Co					
•	HYDRO I	BOATWORKS LLC		(2)		
SUBJE	ECT:		•			
		Name of Lir	nited Liability Company	Po Marie Carlon		
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Eric Collazo				
			Name of Person			
	HYDRO BOATWORKS LLC					
	Firm/Company					
		142 GARDEN ST				
		-				
		TAVERNIER FL 33070				
		ECOLLAZO1987@GMA	City/State and Zip Code IL.COM			
		E-mail address: (to be used for future annual report notifier	tion)		
For fur	ther information c	oncerning this matter, please o	all:			
Eric C	Collazo		786 337-2343			
			at ()			
	Name o	f Person	Area Code Daytime T	elephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2:	5.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HYDRO BOATWORKS LLC

HTDRO BOALWORKS LLC.		10 m	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	5 12. K	
The Articles of Organization for this Limited Liability Co Florida document number	Company were filed on and ass		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.I	L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Manng datess MAT DE A FOST OFFICE BOA			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new	register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	City Zip Code		
New Registered Agent's Signature, if changing Registered	<u>l Agent:</u>		
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	and agree to act in this capacity. I further agree to complomplete performance of my duties, and I am familiar with gent as provided for in Chapter 605, F.S. Or, if this docu d office address, I hereby confirm that the limited liabilit	h and ment is	

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>	Type of Action
AP	ILEANA GALAN	9752 NW 122 TERR HIALEAH FL 33018	
			□Add
MGR	Eric Collazo	142 GARDEN ST TAVERNIER FL	□Change
			= Add
			<u> </u>
			□Remove
		 	□Change
			🗆 Add
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			□Change

Typed or printed name of signee