

L20000 119183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

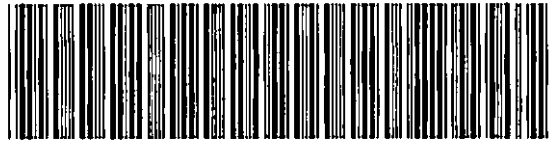
(Business Entity Name)

(Document Number)

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2020 JUN 21 PM 5:55

C. GOLDEN

JUN 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOAT THERAPY, 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:

(ADD PERIOD AFTER
MIDDLE INITIAL)

CHRISTI W. DECKER
Name of Person

Firm/Company

PO BOX 17276
Address

SARASOTA, FL 34276-0276
City/State and Zip Code

shoalview@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTI W. DECKER at (920) 854-7878
Name of Person Area Code Daytime Telephone Number

(ADD PERIOD AFTER MIDDLE INITIAL)

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 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**

BOAT THERAPY, LLC

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

2020 MAY 1 21 PM 5: 7

The Articles of Organization for this Limited Liability Company were filed on MAY 1, 2020 and assigned Florida document number L20000119183.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 17276

SARASOTA, FL 34276-0276

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:

CHRISTI W. DECKER

(ADD PERIOD AFTER MIDDLE INITIAL)

New Registered Office Address:

6688 SCHOONER BAY CIR

Enter Florida street address

SARASOTA

Florida 34231

City

Zip Code

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.

Christi W. Decker

If Changing Registered Agent, Signature of New Registered Agent

