

L20000 183160

(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



100351747951

09/09/20--01036--014 **25.00

DELIVERED
TALLAHASSEE, FL

2020 SEP -9 AM 7:53

FILED

D. BRUCE
OCT 21 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALL IN BOAT LIFT INSTALLATIONS 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:

Sonia Becerra

Name of Person

Swyft Filings, LLC

Firm/Company

3 Greenway Plaza #1320

Address

Houston, Texas 77046

City/State and Zip Code

sop@legalcorpsolutions.com

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

For further information concerning this matter, please call:

Sonia Becerra

Name of Person

at (877)

Area Code

777-0450

Daytime Telephone Number

FILED
TALLAHASSEE, FL
SEP 9 2020

2020 SEP -9 AM 7:53

FILED

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

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>
			<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
			<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

2020 SEP 10 AM 11:53
 TALLAHASSEE FL

2010 SEP -9 AM 7:50
 4016
 FALL AIRSOCI, ILL

2020 SEP -9 AM 7:53
STALLMASTER, RILEY

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.

Dated 08/17/2020

28/17/ 08/17/ 2020
Signature of a member or

Signature of a member or authorized representative of a member

Aaron Lindsey

Typed or printed name of signee