## L20000197040

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## **COVER LETTER**

TO: Registration So Division of Cou			
SUBJECT:	Boat Trailer A	Rental, con LLC. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey )	Perone Name of Person	
		Name of Person	
	Boot-trail	les Rental . com	
		Firm/Company	<del></del>
	844	Forsyth st.	
		Address	
	Boxu Ra	City/State and Zip Code	
	E-mail address: (	dog Mail.com to be used for future annual report noti	fication)
For further information of	concerning this matter, please co		
Jeffre	ex Pezone	at ( <u>954</u> ) 914 9 a	282
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Trailer Rental	.coa LCC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000 197040</u>	were filed on $\frac{7/9/2c}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I.1.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	020 NOV
(Principal office address MUST BE A STREET ADDRESS)		9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess .
	F	Torida
<del></del>	City	Zıp Code
North Designation of American Community of the American Designation of American		

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Type of Action
MGR	Jeffrey Pezone	844 Forsyth St. Boes Rester Fla	· Orkod
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Filing Fee: \$25.00