

L20 000267253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

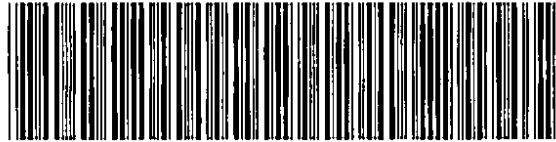
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 28 2020

S. YOUNG

RECEIVED
DIVISION OF CORPORATE
AND FINANCIAL SERVICES
SEP 21 2020

2020 SEP 21 AM 6:48

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CRUSHIN IT FISH BOAT, 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:

Robert Todd Clapp

Name of Person

Crushin It Fish Boat LLC

Firm/Company

20200 W. Country Club Drv.

Address

Aventura, FL 33180

City/State and Zip Code

crushinitfishboat@gmail.com

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

For further information concerning this matter, please call:

Robert Clapp

305 450-5665

at (_____) _____
Area Code

Daytime Telephone Number

Name of Person

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

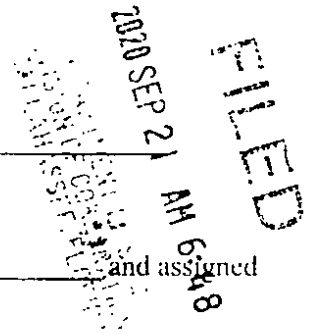
Street Address:

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**

CRUSHIN IT FISH BOAT, 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 August 27, 2020 and assigned

Florida document number L20000267253.

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 "LLC."

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)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

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.

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:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert T Clapp	20200 West Country Club, 104	<input checked="" type="checkbox"/> Add
		Aventura, FL. 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dereck V Aponte	20200 West Country Club, 104	<input checked="" type="checkbox"/> Add
		Aventura, FL. 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Robert T Clapp	20200 West Country Club, 104	<input type="checkbox"/> Add
		Aventura, FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Dereck V Aponte	20200 West Country Club, 104	<input type="checkbox"/> Add
		Aventura, FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 September 9 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00