

L21000021462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

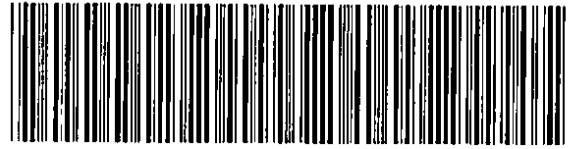
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2023 SEP - 1 AM 9:44

TALLAHASSEE, FLORIDA

RECEIVED

2023 SEP - 1 AM 10:02

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

~~850.656.7953~~
850.656.7953

REQUEST DATE 8/31/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1175826

ORDER ENTITY

CORREA & MARTINEZ BOAT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CORREA & MARTINEZ BOAT, LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORREA & MARTINEZ BOAT, LLC

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

FILED
2023 SEP -1 AM 9:44

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 19, 2021 and assigned
Florida document number L21000021462.

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:

544 WILLOW WALK PLACE

(Principal office address MUST BE A STREET ADDRESS)

ST AUGUSTINE, FL 32086

Enter new mailing address, if applicable:

544 WILLOW WALK PLACE

(Mailing address MAY BE A POST OFFICE BOX)

ST AUGUSTINE, FL 32086

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:

NORMAN SAPP

New Registered Office Address:

544 WILLOW WALK PLACE

Enter Florida street address

ST AUGUSTINE

City

, Florida 32086

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.

DocuSigned by:

Norman Sapp

D68D134A29CC4D3

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>	<u>Type of Action</u>
MGR	Norman Sapp	544 WILLOW WALK PLACE	<input checked="" type="checkbox"/> Add
		ST AUGUSTINE, FL 32086	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Octavio L Martinez	7700 N Kendall Drive	<input type="checkbox"/> Add
		Suite 805	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33156	<input type="checkbox"/> Change
MGR	Andres J Correa	625 San Lorenzo	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2023 SEP -1 AM 9:45

WALLAHSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

8/31/2023

Dated

- DocuSigned by:

Norman Sapp

~~00004342900403~~

Signature of a member or authorized representative of a member

NORMAN SAPP

Typed or printed name of signee

Filing Fee: \$25.00