

121 0000 74427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

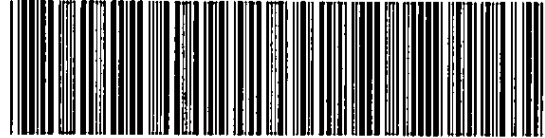
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21 JUL 16 PM 3:56
RECEIVED
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Not My Boat, My Boss's 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:

James Gillman

Name of Person

Central Florida Landscape Solutions LLC

Firm/Company

7159 Hiwassee Overlook Dr.

Address

Orlando, FL 32835

City/State and Zip Code

gillmanjimmy@yahoo.com

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

For further information concerning this matter, please call:

James Gillman

352

538-2286

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

21 JUL 16 PM 3:56

Not My Boat, My Boss's 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 2/12/2021 and assigned
Florida document number L21000074427.

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)

7159 Hiawassee Overlook Dr.

Orlando, FL 32835

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:

Gillman, James M

New Registered Office Address:

7159 Hiawassee Overlook Dr.

Enter Florida street address

Orlando

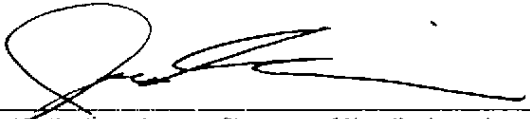
City

Florida 32835

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:

MGR = Manager

AMBR = Authorized Member

21 JUL 16 PM 3:56

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	Gillman, Andrea L	3211 W Swann Ave Unit 506	<input type="checkbox"/> Add
		Tampa, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Corini, Mary L	3879 Neighborly Way	<input type="checkbox"/> Add
		The Villages, FL 32163	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	Gillman, James M	7159 Hiawasse Overlook Dr.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32835	<input 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"/> Add
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			<input type="checkbox"/> Change

21 JUL 16 PM 3:56

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 June 22nd 2021

Mary L. Gillman Corini
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mary L. Gillman Corini

Filing Fee: \$25.00