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SECRETARY OF STATE TALLAHASSEE, FL

O SIMMON

MAY 0.3 7077

COVER LETTER

TO: Registration Section

Division of Cor	rporations	·	•
BOAT YO	UR DAY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	NESTOR LUIS RINCON	FUENMAYOR	
		Name of Person	
	BOAT YOUR DAY LLC		
		Firm/Company	
	10750 NW 66ST UNITS 3	304	
	-	Address	
	DORAL, FL 33178		
		City/State and Zip Code	
	nlrinconf_005@hotmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
NESTOR LUIS RINCO	N FUENMAYOR	786 740-4851 at()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	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 9 Division of OPP.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

FILED

ARTICLES OF AMENDMENT

TO

2022 APR 11 AM 7: 03

ARTICLES OF ORGANIZATION
OF SEC

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

SECRETARY OF STATE TALLAHASSEE, FL

BOAT YOUR DAY LLC

The Articles of Organization for this Limited Liability Company were filed on JULY 13.2021 and assigned Florida document number 1.21000318304

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NR & ASSOCIATED HOME INVESMENTS ELC

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:

New Registered Office Address: Enter Florida street address			FloridaZip Code
	New Registered Office Address:	Enter Florida street addi	ress

New Registered Agent's Signature, if changing Registered Agent:

Name of New 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nester Luis Rinun Sui	to 10750 NW 66 ST	DATA
		unit 304	□Remove
		Unit 304 Dural, I=L 33178	□Change
			□Add
			□Remove
			□Change
			□Add
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Signature of a member or authorized representative of a member	Dated	MARCH 23 2022
Signature of a member or authorized representative of a member		4+W/4-
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00