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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

	BOATING, LLC		
SUBJECT:	Name of Lim	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:	
	OMAR PALACIOS		
		Name of Person	
		Firm/Сотралу	
	465 BRICKELL AVE AP	Г 1602	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	accounting@cornerstonetax	=	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
ROXANA TUMBACO		786 597-9461 at ()	
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	prporations
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV 29 AM 6: 02

HIGH LIFE BOATING, LLC (Name of the Limited Liability Company as it now appears on our records) FIARY OF STATE The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/02/2021}{1}$ and assigned Florida document number L21000348189 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) 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 City 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

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>	Name	Address	Type of Action
MGRM	NIKITA HERMESMAN	400 SUNNY ISLES BLVD 606	<b>=</b> Add
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the app	plicable statutory filing	e than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 vill not be listed as
	ate, but not an effectiv	e time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
rd is filed.	2021			
rd is filed.	- ~	·		
	Jur Cl	uthorized representative o	fa monthu	·

Filing Fee: \$25.00