L21000507119

(Req	uestor's Name)
(Add	ress)	
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(City)	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	AMI SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	LEIDYS PEREZ		
	- 1	Name of Person	
	BOAT MIAMI SERVICE	S, LLC	
		Firm/Company	
	915 NW 19 7 TH AVE		
		Address	
	PEMBROKE PINES, FL	33029	
		City/State and Zip Code	
	into@elisinsurance.com		
		to be used for future annual report not	tification)
For further information e	oncerning this matter, please c	all:	
RACHET VERGARA		305 6038176	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	ne following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee		The Centre of 2415 N. Monre	
Tallahassee,		2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1023 DEC -6 AM 9: 17

BOAT MIAMI SERVICES, 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 on11/30/2021	and assigned
Florida document number <u>L21000507119</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MY ART AT HOME, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records,	enter the name of the new register
agent anusor the new registered write agovess here		
Name of New Registered Agent:		
Name of New Registered Agent.	<u> </u>	
New Registered Office Address:	Enter Florida street	address
	City	, Florida Zip Code
A Davidson of American Designation of American		
New Registered Agent's Signature, if changing Registered Agent		
Thereby accept the appointment as registered agent and ag	ree to act in this capacit	v. I further agree to comply with t ias, and Law 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>or remov</u>	<u>ved from our records</u> :			
MCR =	Manager			

<u>Title</u>	Name	Address	Type of Action
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	_		
			□Remove
			Change
			□Add
			□Remove

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Effective date, if of If an effective date is his Note: If the date inducement's effective	serted in this block	does not n	neet the appl	3 or to date of filicable statuto	ing or more than	(option	nal) iling.) Pursuant to	o 605.02 e listed
e record specifies a c rd is filed.	clayed effective de	ite, but not	an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day	after th
November 22			2023					
		1-		·				
			-12-2					

Filing Fee: \$25.00