

11/14/23, 3:00 PM

Division of Corporations

**L21000518491**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.  
Account Number : I20200000174  
Phone : (239)262-5303  
Fax Number : (239)262-6030

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RC BOATWAYS RD, LLC**

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**T. LEMIEUX****NOV 15 2023**

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RC Boatways Rd, 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:

Conrad Willkomm, Esq.

\_\_\_\_\_  
Name of Person

Law Office of Conrad Willkomm, P.A.

\_\_\_\_\_  
Firm/Company

3201 Tamiami Trail N, 2nd Floor

\_\_\_\_\_  
Address

Naples, FL 34103

\_\_\_\_\_  
City/State and Zip Code

conrad@swfloridalaw.com

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

For further information concerning this matter, please call:

Conrad Willkomm, Esq.

239

262-5303

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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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

RC Boatways Rd, 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 12/9/2021 and assigned Florida document number L21000518491.

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:**

10081 Intercom Drive

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33913

**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*

Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alvega Corporation, a Florida corp	1342 Colonial Blvd, Suite D-28	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dr. Rainer Lohbeck	Auf Dem Hagen 9A	<input type="checkbox"/> Add
		Schwelm, 58332 Germany	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dr. Christiane Lohbeck	Ehrenberger Str 14	<input type="checkbox"/> Add
		Schwelm, 58332 Germany	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**E. 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.

Dated Nov 14, 2023

D. J. H.  
 Bureau of Public Health 11-2023-7711 GMS-P

Signature of a member or authorized representative of a member

Dr. Rainer Lohbeck

Typed or printed name of signer

**Filing Fee: \$25.00**