# 122000150221

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Her	itage Bo	act Rental 8  ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person  Pirm/Company	als LLC
	4085 Til		
	Titusville,	FC 32796 City/State and Zip Code	
	realahai E-mail address: (1	le Grad. Com to be used for future annual report notifi	7 ication)
For further information co	ncerning this matter, please ca		
Andrea		at (324) 403 Area Code Daytime	-3449 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 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)
Mailing Address		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION	. " "	1- **	~
OF	*/00a	•	<i>J</i>
		AH	8: O
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>'ds.</u> )	٠	

(Name of the Limited Liab (A Flor	ility Company as it now appears on our red ida Limited Liability Company)	cords.
		1
The Articles of Organization for this Limited Liability		and assigned
Florida document number <u>L 22000  5026</u>	<u>1/</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
	· <del>-</del> ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
		touth a name of the new varietars
B. If amending the registered agent and/or register agent and/or the new registered office address here		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrea Hall	4085 TOWA LN THOSAN	<b>7</b> □Add
			Dremove
		32794	Change
			□Add
			□Remove
			□Change
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ian efi Note:	ive date, if other than the date of filing:    The date of filing of the date of filing of the date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
recor 1 is fi	rd 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 led.
ated	March 3 2023.  Signature of a member or authorized representative of a member
	Andrea Hall
	monea rui

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Entity Name /

## **Detail by Entity Name**

Florida Limited Liability Company HERITAGE BOAT RENTALS LLC

Filing Information

Document Number

L22000150221

FEI/EIN Number

NONE

**Date Filed** 

03/28/2022

Effective Date

04/01/2022

State

FL

Status

**ACTIVE** 

**Principal Address** 

7777 N. WICKHAM ROAD

12-215

MELBOURNE, FL 32940

**Mailing Address** 

7777 N. WICKHAM ROAD

12-215

MELBOURNE, FL 32940

Registered Agent Name & Address

VANOVER, KEVIN M

7777 N. WICKHAM ROAD

12-215

MELBOURNE, FL 32940

Authorized Person(s) Detail

Name & Address

Title MGR

VANOVER, KEVIN M 7777 N. WICKHAM ROAD, 12-215

MELBOURNE, FL 32940

Title MGR

HALL, ANDREA 7777 N. WICKHAM ROAD, 12-215 MELBOURNE, FL 32940



March 4, 2023

ANDREA HALL 4085 TIWA LANE TITUSVILLE, FL 32796

SUBJECT: HERITAGE BOAT RENTALS LLC

Ref. Number: L22000150221

We have received your document for HERITAGE BOAT RENTALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OF FOREIGN, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 823A00005088

