

L220003708/73

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

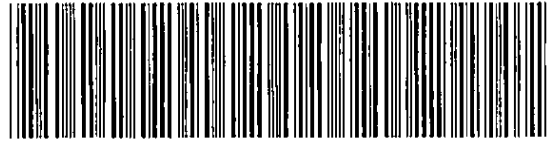
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/24/24

SECRETARY OF STATE  
TALLAHASSEE, FL

ALL 8:44

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Boats Float Ventures, 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 08/24/2022 and assigned  
Florida document number L22000370473.

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)

17121 Collins Ave

Apt 2308

Sunny Isles Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17121 Collins Ave

Apt 2308

Sunny Isles Beach, FL 33160

**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:

Vladimir Nabutovsky

New Registered Office Address:

17121 Collins Ave, Apt 2308

Enter Florida street address

Sunny Isles Beach

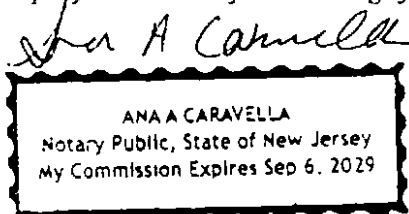
Florida 33160

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.*



For 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>                      |
|--------------|---------------------|--|--|
| AMBR         | Vladimir Nabutovsky | 17121 Collins Ave, Apt 2308                  | <input checked="" type="checkbox"/> Add    |
|              |                     | Sunny Isles Beach, FL 33160                  | <input type="checkbox"/> Remove            |
|              |                     |  | <input type="checkbox"/> Change            |
| AMBR         | Marina Nabutovskaya | 2633 Birch Terrace                           | <input checked="" type="checkbox"/> Add    |
|              |                     | Davie, FL 33330                              | <input type="checkbox"/> Remove            |
|              |                     |  | <input type="checkbox"/> Change            |
| Ambr         | Lev Uretsky         | 530 San Marco Drive, Ft Lauderdale, FL 33301 | <input type="checkbox"/> Add               |
|              |                     |  | <input checked="" type="checkbox"/> Remove |
|              |                     |  | <input type="checkbox"/> Change            |
| AMBR         | Mariya Uretsky      | 530 San Marco Drive, Ft Lauderdale, FL 33301 | <input type="checkbox"/> Add               |
|              |                     |  | <input checked="" type="checkbox"/> Remove |
|              |                     |  | <input type="checkbox"/> Change            |
|              |                     |  | <input type="checkbox"/> Add               |
|              |                     |  | <input type="checkbox"/> Remove            |
|              |                     |  | <input type="checkbox"/> Change            |
|              |                     |  | <input type="checkbox"/> Add               |
|              |                     |  | <input type="checkbox"/> Remove            |
|              |                     |  | <input type="checkbox"/> Change            |

STATE OF FLORIDA  
 DEPARTMENT OF  
 REVENUE  
 11/14/14

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-18-2011 BY 60322  
UCBAW/STW/STW

(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)

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 September 23rd, 2024.

*[Handwritten signature]*

Signature of a member or authorized representative of a member

Lev Uretsky

Typed or printed name of signee

**Filing Fee: \$25.00**