## L220001442904

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2/17/23 V.LM.



## **COVER LETTER**

	ation Sect n of Corpo			· • •			
SUBJECT:	SUN	SHINE STATE BOAT REN	TAL. LLC.				
30bJEC1		Name of Lim	ited Liability Company				
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.				
Please return all	correspond	dence concerning this matter	to the following:				
		KATARZYNA PER	ZAN				
			Name of Person	<del></del>			
		TAXPOL DEVON, CO	DRP.				
		-	Firm/Company				
		2860 S. RIVER RD # 1	330				
			Address	· · · · · · · · · · · · · · · · · · ·			
		DES PLAINES, IL 600	18				
		KASIA@TAXPOL.CO	City/State and Zip Code  M to be used for future annual report no	iffication)			
For further infor	mation con	ncerning this matter, please c	•	,			
KATARZYN	A PERZA	N	773 283-8000				
	Name of F	Person	Area Code Daytir	ne Telephone Number			
Enclosed is a che	eck for the	following amount:					
■ \$25.00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Address: ration Se	ction	Street Address: Registration Se	ection			
Divisio	on of Cor	rporations	Division of Co	rporations			
P.O. B	ox 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE S	TATE BOAT RENTAL, LLC.	
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liab	ility Company were filed on10/13/2022	and assigned
Florida document number L22000442804		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
T BOATS RENTAL, LLC.		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicabl	le:	1022 DE 17
(Principal office address MUST BE A STREET A	ADDRESS)	
		至 1
		SSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	1X)	02 PAT
B. If amending the registered agent and/or regi	stered office address on our records, <u>enter the nere:</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
-	Cin	Zin 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>	Address	Type of Action
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			□Remove
		<del> </del>	Change
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			□Change

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Filing Fee: \$25.00