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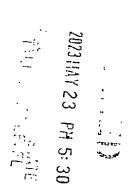
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinose Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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05/28/22--010°.--602 **25.00



7/11/12023

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: BOAT DREAMS, 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:					
Corporate Maintenance Lead Name of Person					
Processing Department					
Firm/Company					
1450 Vassar St					
Address					
Reno, NV 89502					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Processing Department at (800) 638-2320					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations					

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

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



IMPORTANT NOTICE



PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Thursday, May 18, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: **BOAT DREAMS, LLC**

We have included payment in the amount of \$25.00 for the following fees:

Filing Fee

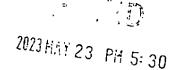
We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502 5/18/2023 7:57 PM FROM: Office Depot #6797 TO: +17753769951 P.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			9 00
	T DREAMS, LLC	r records.)	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.	7, 71
	- 00/45/0	22	
The Articles of Organization for this Limited Liability Co	ompany were filed on US/15/2	.3	and assigned
Florida document number L23000132572	- ∙		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designati	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
· · ·			
(Principal office address MUST BE A STREET ADDR.	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			-
			
B. If amending the registered agent and/or regist	ered office address on our	records, enter the	name of the new
registered agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	······		
New Period of Office Address			
New Registered Office Address:	Enter Florida stree	et address	
	2000) , 20 mm at 500 mm ag		
	City	, Florida	Zip Code
	V/	_	-p

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

5/18/2023 7:57 PM FROM: Office Depot #6797 TO: +17753769951 P. 3

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>	Name	Address	Type of Action
MGR_	Victor Gutierrez	2617 Ne 2Nd Pl	D Add
		Cape Coral, FL 33909	
			Change
MGR_	Victor Gutierrez Hernandez	2617 Ne 2Nd Pl	
		Cape Coral, FL 33909	_ □ Remove
			Change
			A dd
		 	□ Remove
			Change
			
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Remove
			☐ Change

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00