(23000177211

| | (Requestor's Name) | |
|----------------------|--------------------------|--------|
| | (Åddress) | - |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UF | WAIT | MAIL |
| | (Business Entity Name) | |
| | | |
| | (Document Number) | |
| Certified Copies | Certificates of S | Status |
| Special Instructions | to Filing Officer: | |
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LIVISIAN OF CONTORAL LA

R. HUNT 08/41/27

COVER LETTER

| TO: | Registration : Division of C | | y 9 3 | | • |
|----------------|---------------------------------|--|---|--|----------------------|
| SUBJEC | C-797 | A BOAT DETAILING LLC | | | |
| SUBJEA | JI; | Name of Lin | nited Liability Company | | |
| The enci | osed Articles (| of Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | eturn all corres | pondence concerning this matter | to the following: | | |
| | | JAIRO APARICIO | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | ~ 2 |
| | | 6535 RIVER ROAD | | | 2023 AUG 21 PH12: 40 |
| | | | Address | | 29. |
| | | NEW PORT RICHEY FL | 34652 | | OT |
| | | | City/State and Zip Code | | PH 12: 40 |
| | | MEJMULTISERVICESING | C@GMAIL.COM | | |
| | | E-mail address: (| to be used for future annual report not | fication) | 0 - |
| For furth | er information | concerning this matter, please c | all: | | |
| JAIRO A | APARICIO | | 8133705- at () | | |
| - | Name | of Person | Area Code Daytin | ne Telephone Number | _ |
| Enclosed | is a check for | the following amount: | | | |
| ■ \$25. | 00 Filing Fec | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing F Certificate of \$ Certified Copy (additional copy is | Status & |
| | Mailing Addre | | Street Address: | | |
| | Registration Division of t | Section Corporations | Registration Se Division of Cor | | |
| | P.O. Box 63 | | The Centre of T | • | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OVERSEA BOAT DETAILING | | | | |
|---|--|--|----------------|-------------------|
| (Name of the Lim | ited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{04/10/2023}{L23000177211}$. | | y were filed on <u>04/10/2023</u> | and assigned | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | bility company here: | | |
| OVERSEA BOAT DETAILING LLC | | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the designation "LLC" or the abbi | reviation "L.L | C." |
| Enter new principal offices address, if applicable: | | 9306 ASHFILED CT TAMPA FL 33615 | | - |
| (Principal office address MUST BE A STREET ADDRESS) | | | 2023 | _ <u>)</u> |
| | ···· | | 023 AUG | XIS SIA |
| | | | 321 | 목 <u>교</u> 등장: |
| Enter new mailing address, if applicable: | | 9306 ASHFIELD CT TAMPA FL 33615 | 70 | |
| Mailing address MAY BE A POST OFFICE BOX) | | | 112 | 2.5 |
| | | |) ÷ | |
| 3. If amending the registered agent and/or gent and/or the new registered office addressed and/or the new Registered Agent: | registered office : ss here: MEJ MULTISI | | of the new | <u>registe</u> |
| | 9306 ASHFIEL | DCT | | |
| New Registered Office Address: | 7,000 MOIN IEL | Enter Florida street address | | |
| | ТАМРА | | 5 | |
| | | Florida 3361 | 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 |
|--------------|--------------|-------------------------------|--|
| AMBR | LUIS VIDALES | 8421 BRIARLEAF CT PORT RICHEY | □Add |
| | | FL 34668 | ■Remove |
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| f an ef <u>Note:</u> | ive date, if other than the date of filing: 8 15 2023 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records. | to 605. Se liste | 0207 (ed as (|
| record 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 led. | y after | the |
| | 08/15/2023 | | |

Filing Fee: \$25.00