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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	tegistration Sec Division of Corp							
	Englewood !	Rental Boats LLC						
SUBJEC	I:	Name of Limit	ted Liability Company		<u>,</u>			
The enclo	sed Articles of A	Amendment and fee(s) are subr	nitted for filing.					
		ndence concerning this matter t						
		Bryan T Dewald						
			Name of Person					
		Englewood Rental Boats L	LC					
			Firm/Company					
		2646 51st st						
			Address					
		sarasota, fl 34234						
		,,, <u></u>	City/State and Zip C	Code				
		englewoodrentalboats@gma			· · · · · · · · · · · · · · · · · · ·	() ()	202	
		E-mail address: (1	to be used for future ar	inual report notifica	tion)	ACRE	300	
For furthe	er information c	oncerning this matter, please ca	all:				2023 OCT -5	
Bryan T	Dewald		941 at (306-7867		37K	5 13	
	Name o	f Person	Area Code	Daytime T	elephone Numbe	다. 그런	¥ 9:3(•
Enclosed	is a check for th	he following amount:				* • 1	_	
₩ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	ру	Certified	ate of Stati		
	Mailing Addres			eet Address:	o n			
Registration Section Division of Corporations				gistration Secti vision of Corpo				
	P.O. Box 632			e Centre of Tal				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
he Articles of Organization for this Limited Liability Company were filed on 08-	-31-2023 and assigned
lorida document number L23000409609	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	ere:
ne new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	3 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Principal office address MUST BE A STREET ADDRESS)	11 A C 7
	50 G
nter new mailing address, if applicable:	25 3
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our r	ecords, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	rida street address
r.nler r 10	
City	, Florida 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I juriner 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 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
AR	Tyler Swanson	2060 OLD PINE WAY	□Add
		SARASOTA, FL 34232	■ Remove
			Change
			□Add
			☐ Remove
			□Change
			□Add
			SECRETAL AND TALL AND
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ffective date, if other an effective date is listed, to ote: If the date inserted	he date must be spec d in this block doe	rific and cannot as not meet the	e applicabl	late of filing o	r more than 90 ling requiren	(option days after fil nents, this d	ing.) Pursi	ant to 60	05.020 sted a
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record specifies a delay I is filed.	ed effective date, l	but not an effe	ective time	, at 12:01 a.r	n. on the ear	lier of: (b)	The 90th	day afi	ter the
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				Decce ed representat	_				

Filing Fee: \$25.00