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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : I20160000107 Phone : (954)475-1139 Fax Number : (954)475-2634

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

nio (a) Sonder law Pa.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BOATY II, LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
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K. SALY

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## **COVER LETTER**

| TO: Registration Division of | n Section<br>Corporations                    |                                      |  |    |
|------------------------------|--|--------------------------------------|--|----|
| SUBJECT: Boaty l             | II, LLC                                      |                                      |  |    |
| ·                            |  | Name of Limited Lia                  | bility Company   |    |
| Dear Sir or Madam:           |  |                                      |  |    |
| The enclosed Statem          | ent of Correction and fec(s)                 | are submitted for filir              | og.  |    |
| Please return all corr       | espondence concerning this                   | matter to the followin               | g:   |    |
| Shawn C. Snyder              |  |                                      |  |    |
|                              | Name of Person                               |                                      | _  |    |
| Snyder & Snyder, P.          | Α.   |                                      |  |    |
|                              | Firm/Company                                 |                                      | -  |    |
| 7931 Orange Drive            |  |                                      |  |    |
|                              | Address                                      |                                      | _  |    |
| Davie, FL 33328              |  |                                      |  |    |
|                              | City/State and Zip Code                      |                                      | _  |    |
| corp@snyderlawpa.c           | com  |                                      |  |    |
| E-mail address:              | (to be used for future annua                 | l report notification)               | _  |    |
| For further information      | on concerning this matter, pl                | ease call:                           |  |    |
| Brittany Kennedy, F          | RP   | 954                                  | 475-1139   |    |
| Nar                          | ne of Person                                 | at (at Code                          | Daytime Telephone Number   |    |
| Division o<br>P.O. Box (     | on Section of Corporations                   |                                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303 | 10 |
| Enclosed is a check          | for the following amount:                    |                                      |  |    |
| □\$25 Filing Fee             | ☐ \$30 Filing Fee &<br>Certificate of Status | ■\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy  |    |
| CR2E062 (9/15)               |  |                                      |  |    |

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## STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|                                  |   | etion 605.0209, F.S., this document is being submit<br>nme of the limited liability company is:              | 2.0  | \ <u>\</u> |  |  |  |
|----------------------------------|---|--|--|------------|--|--|--|
| SECON<br>THIRD                   | <del></del>                               | The Florida Document number of the limited lia  Document to be corrected is:                                 | bility company is: L23000500892  | •          |  |  |  |
|                                  |   | CHECK THE APPROPRIATE BOX AND CO   | MPLETE THE APPLICABLE STATEMENT  |            |  |  |  |
| <b>0</b>                         | staten                                    | ins an incorrect statement. The incorrect statement ent are as follows: see attached Exhibit "A"             | , the reason the statement is incorrect, and the corrected   |            |  |  |  |
| Ø                                | OR<br>Was d                               |  | nent was defectively signed and the appropriate correction are   |            |  |  |  |
| Ø                                | OR The el                                 | ectronic transmission of the record was defective.  Signature of Authorized Representative                   | 5/8/29<br>Pate   |            |  |  |  |
|                                  |   | ew registered agent, if applicable :( NOTE: if corre esignation).  | cting the registered agent, the new registered agent must sign   |            |  |  |  |
| I hereby<br>provisio<br>obligati | v accep<br>ons of a<br>ions of<br>a chang | ll statutes relative to the proper and complete perf<br>ny position as registered agent as provided for in ( | :<br>act in this capacity. I further agree to comply with the<br>ormance of my duties, and I am familiar with and accept the<br>Chapter 605, F.S. Or, if this document is being filed to merely<br>that the limited liability company has been notified in writing |            |  |  |  |
| Registered Agent's Signature     |   |  |  |            |  |  |  |
|                                  |   | Filing Fee:<br>Certified Copy:   | \$25.00<br>\$30.00 (optional)  |            |  |  |  |

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## Exhibit "A" to Statement of Correction for BOATY II, LLC ("Company") Document No.: L23000500892

*Incorrect statement*: The Company's Articles of Organization reflect Neha Baumann as an Authorized Member.

**Reason the Statement is incorrect**: It was not the intent when forming the Company to have Neha Baumann listed as an Authorized Member in the Articles of Organization.

Correct statement: Neha Baumann should be listed as a Manager of the Company and not an Authorized Member.

