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2023 DEC 18 AN II: OI

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Cor				
SUBJECT: 3	ve Ocen	Boat Rentals	LLC chang	u name.
The enclosed Articles of .	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Soan gara'a		
	Blue Oc	en Boat Rento	ils LLC	
	20950	SW 119 th	<u>CT</u>	
	H	City/State and Zip Code oatrentals e g mail to be used for future annual report notifi	177	
	bwe ocean b	oatrentals e gmail	cation)	ا ال مسات
For further information co	oncerning this matter, please ca		EC 18	
Joan Name of	gara'a Verson	at (786) 355 - Area Code Daytime	• *	
			FLE	
Enclosed is a check for th	e following amount:		·	
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	tion	
Division of C	orporations	Division of Corp	porations	
P.O. Box 632	/	The Centre of Ta	manassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Blue Ocen B	loat Rentals LLC
(Name of the Limited Liability Compa (A Florida Limited	nany as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000531230</u> .	y were filed on $\frac{12}{12}/\frac{2023}{2023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial Blue Ocean Boat	Rontals LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Non- Dagietorad Apont's Signature, if changing Registered Agent:	1!

Thereby 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 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 Type of Action Address <u>Title</u> gana gania 20950 SW 119ct Huami FZ 33177 ☐ Change MGR Joan Grua 20950 SW 119 the Huam, Fl 33137 PAdd □Remove _

Change Remove _____ □Remove Remove □Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st ument's effective date on the Department of State's records.	of filing or more t atutory filing re	(option han 90 days after fi quirements, this o	ling.) Pursua	int to 605.0 of be listed)201 d as
	12:01 a.m. on t	he earlier of: (b)	The 90th	day after t	the
cord specifies a detayed effective date, but not an effective time, at stiled.					
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