

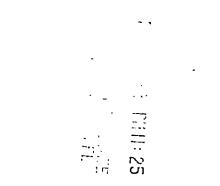
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decirios Links, Hallie)
(Document Number)
(Boodinest National)
Contifued Coning Contifuence of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400427732144

05/02/94 --01004---009 **25.00



C5/CZ/24

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT:B	on there Fr	1 120	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Chr	Stre McKelver	(
	B00	Pirm/Company	
	22	mallard Dr Address	7 77 77 77 77 77 77 77 77 77 77 77 77 7
		City/State and Vin Coule	16830 Fin 13
	E-mail address: (City/State and Zip Code hrewkelvey of to be used for future annual report not	amail.com
For further information co	oncerning this matter, please c		
Christine	mycelvay	at (<u>917</u>) <u>219-7</u>	821
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
L \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Sc	ction
Division of C	orporations	Division of Con	rporations
P.O. Box 632 Tallahassee, I		The Centre of 1 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boathouse (Name of the Limited Liability) (A Florida)	Company as it now imited Liability Com	appears on our record	<u>ls.</u>)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24000124673</u>		•	12,2	2 and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability compa	my here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company,	" the designation "LLC	or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				70 72 73 73
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on	our records, <u>enter</u>	the name	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street addres	ss	
		, Flo	orida	
	City			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, 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
AMBR	Daniel Magnus	3900 Galt Ocean Dr #14	<u>w</u> □ Add
	·	At Landerdale, FL 3330	8 _ E Remove
			🗆 Change
			□Add
			Remove
		·	□Change
		··	□Add
			☐Remove
		Г·,	C1 □Change
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

						·	
							
-							
							*)
							<u> </u>
							· · · · · · · · · · · · · · · · · · ·
							•
-							
						17.	OI.
		 -					<u> </u>
-							
					 .		
							
sotivo data i	if athor than t	hadaraaf fili				(
effective date	s listed, the date i	nust be specific a	nd cannot be pr	or to date of filir	ng or more than 90	(Optional,) days after tiling)) Pursuant to 605.02
:e: If the date	inserted in this tive date on the	block does not	meet the app	licable statutor	y filing requirer	ments, this date	will not be listed:
	a delaved effec	tive date that no	ot an effective	time at 12:01	a m on the ear	lier of: (b) T	he 90th day after th
cord specifies	a doning ou circo	irre date, out in	or an enecut	11110; 11 12,00	diffic the cui	ner (11, (17)	ic zoill day after th
		/		/			
s filed.	1		\sim	. /			
s filed.	1201/	24	<u>. 202°</u>	<u>L</u> .			
s filed.	Epril o	24	. <u>402°</u>	<u>_</u> .			
cord specifies s filed. ed	[pri] [11/2	nel		ntative of a memb		

Contact information for amending Articles of Organization

Boathouse FTL, LLC Document # L24000124673

Mailing Address:

Christine McKelvey 22 Mallard Dr Greenwich, CT 06830

Phone: 917-319-7821