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TALLAHASSEE, FL

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	Boat 2 LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Henry Dow		
		Name of Person	
	ALITOM Boat 2 LLC		
	-	Firm/Company	
	555 NW 95th St		
		Address	<del></del>
	Miami, FL 33150		
		City/State and Zip Code	<del></del>
	mmarin@wrgfla.com		
	E-mail address:	to be used for future annual report not	tification)
For further information of	concerning this matter, please o	eall:	
Marta Marin		305 661 -2505	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, i	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALITOM Boat 2 LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company	y were filed on 05/10/2024	and assigned
Florida document number L24000220040		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		024 FEC
		SER SER
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SSC P
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5.5
		orida
	Cuy	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
MGR	Henry Dow	555 NW 95th St Miami, FL 33150	□Add
			□Change
MGR	THE HENRY DOW FAMILY REVOCABLE TRUST	1421 NE 104th St Miami Shores, FL 33138	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<del></del>			□ Add
			🗆 Remove
<del></del>		<del> </del>	🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			☐ Change

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ective date, if other than the dieffective date is listed, the date must be: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be p ck does not meet the ap	plicable statutory	or more than 90 days	optional) after filing.) Pursuant to , this date will not be	o 605.0201 e listed as
cord specifies a delayed effective s filed.	date, but not an effectiv	ve time, at 12:01 a	.m. on the earlier o	f: (b) The 90th day	after the
September 10th	. 2024	<u> </u>			
	71	N			
S	ignature of a member or a	uthorized represent	ative of a member		_

Filing Fee: \$25.00