

L24 000355793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

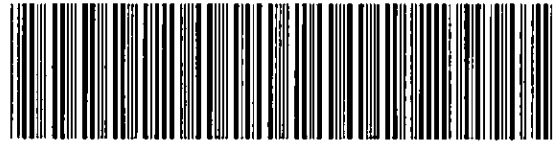
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

100000

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WORTH IT BOATS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YASMIN STEM

Name of Person

Firm/Company

1225 S LAKESIDE DR

Address

LAKE WORTH, FL 33460

City/State and Zip Code

YSMS7@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YASMIN STEM

561

543-8962

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SEP 13 PM 2:50
TALLAHASSEE, FL

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

WORTH IT BOATS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AUGUST 13, 2024 and assigned
Florida document number 1.24000355793.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	YASMIN STEM	1225 S LAKESIDE DR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NATHALIE MAKEPEACE	1020 S LAKESIDE DR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCY RICHTER	1202 S PALMWAY	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SUSIE THOMPSON KNOLL	520 11TH AVE NORTH	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRIAN KINGSTON	511 LUCERNE AVE, UNIT 414	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PETER NOURSE	1225 S LAKESIDE DR	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LEWIS MAKEPEACE	1020 S LAKESIDE DR	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STAFF

SEP 13 PM 2:51
STAFF

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: September 10, 2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b):

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 10, 2024

system

Signature of a member or authorized representative of a member

YASMIN STEM

Typed or printed name of signee

not be listed as the...