m15000003099

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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K.SALY EXAMINER AUG 12



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2016

AQUA MARINE PARTNERS, LLC CATHY AVERILL 2890 NE 187TH ST. AVENTURA, FL 33180

SUBJECT: EARLYFUND - BOATSETTER, LLC

Ref. Number: M15000003099

We have received your document for EARLYFUND - BOATSETTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00015642

COVER LETTER

* Division of Corporations
SUBJECT: Farlyfund - Booksetter 110
SUBJECT: Early fund - Boatsetter, LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cathy Augill
Cathy Averill Name of Person
TWANG OF TOLSON
Aqua marine Partners LIC
Aqua Marine Partners, LLC Firm/Company
2890 NE187th Street Address
Address
A .
Aventura, FL 33180
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
12 man address. (to be used for facule annual report nonneation)
For further information companing this matter allege will.
For further information concerning this matter, please call:
Cathy Averill a1 (954) 602-9406
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
∑ \$25 Filing Fee
Certificate of Status Certified Copy Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the	Florida Department of	f
State: Earlyfund - Boatsette	r, LLC		
Enter new principal office address, if applicable:			7016 AU
(Principal office address			题。
MUST BE A STREET ADDRESS)			55/2 - 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			THE STATE OF THE S
2. The Florida document number of this limited lia	ability company is:	1150000030	99
3. Jurisdiction of its organization: Delawo	irc		
4. Date authorized to do business in Florida:	4/23/2015		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mus	Boatsetter 1 st contain "Limited Lia	Cartners I, bility Company, ""L.	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C.	maging members adopt	nsacting business in Fing the alternate name	lorida and attach a . The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office a		ur records, <u>enter the n</u>	ame of the new
Name of New Registered Agent:	_ 		
New Registered Office Address:		er Florida Street Add	ress
	2		
	City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change	ent and agree to act in r and complete perforn tered agent as provide	nance of my duties, an d for in Chapter 605,	d I am familiar with F.S. Or, if this

liability company has been notified in writing of this change.

8. If the amendment c	hanges person, title or capacity in ac	ation, indicate new jurisdiction: ccordance with 605.0902 (1)(e), indicate new jurisdiction:	cate that charge:
Title/ Capacity	<u>Name</u>	Address	Type of A
			Add
			Re
			Re
			Rei
			Add
			Ren
			Add
			Re
9. Attached is a certi aforementioned ar jurisdiction under	ficate, if required: no more than 90 nendment(s), duly authenticated by the law of which this entity is of ga	days old, evidencing the label of reconniced.	rds in the
	Signature of	the authorized representative	

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "EARLYFUND - BOATSETTER,

LLC", CHANGING ITS NAME FROM "EARLYFUND - BOATSETTER, LLC" TO

"BOATSETTER PARTNERS I, LLC", FILED IN THIS OFFICE ON THE FIRST

DAY OF SEPTEMBER, A.D. 2015, AT 12:08 O'CLOCK P.M.



5423725 8100

151241845

Jeffrey W. Bułlock, Secretary of State

AUTHENTICATION: 2693193

DATE: 09-01-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:46 FM 09/01/2015
FILED 12:08 PM 09/01/2015
SRV 151241845 - 5423725 FILE



STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limit	ed Liability Company:	EARLYFUND	- BOATSETTER,
			
The Certificate	of Formation of the lin	nited liability cor	mpany is hereby an
as follows:			
	e name of the Co	ompany is Bo	atsetter
Partners I	, LLC.		
	WHEREOF, the under		
the 27th	day of Augus	st	, A.D. <u>2015</u>
		J-	
	Ву:	<u> </u>	
		Auth	orized Person(s)
		6	
	Nar	me: Jennifer	Topor
			rint or Type