112000/47809

(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

TO: , Registration Division of C		· •	•
SUBJECT: SAILBO	OAT 706, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	·
Please return all corres	spondence concerning this matter	to the following:	
	LILY AMADOR		
	····	Name of Person	
	SHOMAR ACCOUNTING	G, PA	
	·	Firm/Company	
	7777 NW 146TH ST		
		Address	
	MIAMI LAKES, FL 33010	6	
		City/State and Zip Code	
	LILY@SHOMARACCOUI		
	·	to be used for future annual report noti	fication)
For further information	n concerning this matter, please ca	ıll:	
LILY AMADOR		305 825-1123	
Nam	e of Person	at ()	c Telephone Number
Enclosed is a check fo	r 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAILBOAT 706, LLC	
(Name of the Limited Liability Company as it r (A Florida Limited Liability (now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on 11/26/2012 and assigned
Florida document number L12000147809	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	25 H
	TO A M
Enter new mailing address, if applicable:	TSI = D
(Mailing address MAY BE A POST OFFICE BOX)	PATE 2
Muning unites MAT BEATOST OFFICE BOA	<u>⇒``</u>
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	· · · · · · · · · · · · · · · · · · ·

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	Elisabet S. Yanez	c/o 419 ARTHUR GODFREY RD	Add
		MIAMI BEACH, FL 33140	Remove
			Change
MGR	Elisabet Stella Yanez Marzano	c/o 419 ARTHUR GODFREY RD	B Add
		MIAMI BEACH, FL 33140	☐ Remove
			Change
			Add
			☐ Remove
			Change
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			□ Remove
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rtive date if other than	the date of filing:		(1	ontionali	
etive date, if other than	the date of filing: : must be specific and cann	ot be prior to date of filing	or more than 90 days	optional) s after filing.) P s, this date w	ursuant to 605
: If the date inserted in thi	is block does not meet t	he applicable statutory	or more than 90 days filing requirements	optional) safter filing.) F s, this date w	ursuant to 605
i If the date inserted in thi ment's effective date on th	is block does not meet the Department of State's	the applicable statutory s records.	filing requirements	s, this date w	ill not be list
: If the date inserted in thi ment's effective date on the ecord specifies a dela	is block does not meet the Department of State? Ayed effective date	the applicable statutory s records.	filing requirements	s, this date w	ill not be list
: If the date inserted in thi ment's effective date on the ecord specifies a dela	is block does not meet the Department of State? Ayed effective date	the applicable statutory s records.	filing requirements	s, this date w	ill not be list
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Filing Fee: \$25.00