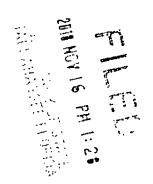
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor					
(15 th 113		HT CHARTERS LLC				
SUBJE	C1:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please 1	return all correspo	ndence concerning this matter	to the following:			
		Carlos Lopez-Gottardi				
			Name of Person			
		CYA Yacht (Charters) LL	C			
			Firm/Company			
		1418 Tunis Street				
			Address			
		Coral Gables, Florida 3312	34			
			City/State and Zip Code			
		clgottardi@gmail.com			2011 HOY IT	-
		E-mail address: (to be used for future annual report notif	ication)	5	6 (C.S.C.)
For furt	ther information c	oncerning this matter, please ca	all:		6	
Carlos	Lopez-Gottardi		305 904-3193			1 2
-	Name o	f Person		: Telephone Number	5.00 P2	*****
Enclose	ed is a check for th	ne following amount:				
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

CYA YACHT CHARTERS LLC				
(Name of the Lim	ited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)		
he Articles of Organization for this Limited lorida document number 1.18000233433		ny were filed on 10/02/2018	and assig	gned
nis amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited li	ability company here:		
YA YACHTS LLC				
he new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L	.C."
nter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
nter new mailing address, if applicable:		N/A		
<u> Aailing address MAY BE A POST OF FICE</u>	E BOX)			
s. If amending the registered agent and egistered agent and/or the new registered			er the name o	if ethe
No. 201 and allowed Acres	N/A		100	grande grand grande grande grand grande grande grand grand grande grande grande grand g grand grand grand grand grand grand grand grand grand grand gran
Name of New Registered Agent: New Registered Office Address:	N/A		3	- 1 1 7 12
rea registered Office radicess.		Enter Florida street address	2. 2. 3.	
		Florida _		
		City	Zin 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
			Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Charge -
			Change Change CV Change
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

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Note: If the da	te is listed, the date	must be specif is block does	filing: ic and cannot be not meet the ap	prior to date of fili plicable statuto	ing or more than 90 c ry filing requireme	(options days after fili ents, this da	ng.) Pursuant to	605.0207 (3) listed as the
the record sp b) The 90th o				: not an effec	ttive time, at 1	.2:01 a.n	n. on the ea	arlier of:
Dated N/A		A		:				
	Carlor	Logy	Potte	in ?				
		Signature	of a member or	authorized repres	entative of a membe	·r		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00